GENDER IDENTITY LAW AND TRANSGENDER PEOPLE ACCESS TO HEALTH CARE IN ARGENTINA

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In memory of Karina Romero, a recognized trans activist who died before this work was published.

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1. PREFACE

As characteristic in most countries, trans[1] people have been a highly marginalized and practically invisible group in Argentine society. In recent years, their presence slowly has reached greater recognition, and that visibility and collective voice help trans people to advocate for new legal rights, including the legal recognition of their gender identity.

The Gender Identity Law, Number 26743, was passed in Argentina in May 2012 to guarantee the free development of individuals according to their gender identity, whether their chosen gender is the same to or different from their sex assigned at birth. This law not only guarantees the rectification of the sex registered and the change of name and sex in all documents that certify their identity but also permits access to comprehensive healthcare, hormone treatments, and partial or total surgical interventions without requiring judicial or administrative authorization. These procedures only require the patient's informed consent.

So far, studies with trans populations have principally focused on public health, calling attention to the high risk of social vulnerability; the frequency of stigma and discrimination; the prevalence of HIV and other sexually transmitted infections (STIs); and the need to improve social and health services in order to provide appropriate care to trans people[2]. Although few studies have been conducted in the country to evaluate trans people's welfare and living conditions[3], there is a lack of information on a national level and a need to understand the impact of the legal recognition of gender identity on their quality of life.

Fundación Huésped is an organization of Argentine civil society that has performed scientific and social work since 1989 to promote a fair, healthy, and sustainable society with access to human rights, care, and services. The organization promotes individual rights and access to health care in the absence of discrimination. Fundación Huésped strives to be a national leader organization, with regional and international perspective, and a public health reference with a focus on sexual and reproductive health, HIV/AIDS, and other transmissible diseases. Through strategic alliances with civil society, the State, the private sector, and academic institutions, Fundación Huésped is a leading organization in advocacy, clinical, epidemiological, and social research; in technological training; and in dissemination of these ideas.

1 Although the term transgender is most commonly used in academic discourse, in the body of this report we will use the more comprehensive term "trans". The word "trans" refers to all persons whose sense of gender identity and/or gender expression differs from the social expectations associated with the sex assigned at birth, including transvestite, transsexual, and transgender people. In accordance with the terms used by ATTTA, this report uses the designations "trans women" (those with feminine gender identity) and "trans men" (those with masculine gender identity).

2 Barrón López, S., Libson, M., & Hiller, R. (2008). Estudio social en hombres que tienen sexo con hombres (HSH): Relevamiento 2007 [Social study of men who have sex with men (HSH)]. Buenos Aires: Ubatec. Available at: http://www.msal.gov.ar/images/stories/bes/graficos/0000000138cnt-2013-06_HSH.pdf

Bloch, C. et al. (2010). Condiciones de vulnerabilidad al VIH/sida e ITS y problemas de acceso a la atención de la salud en personas homosexuales, bisexuales y trans de la Argentina [HIV and STIs as conditions of vulnerability and the problems of health care access for homosexual, bisexual, and trans people of Argentina]. Buenos Aires: Ministerio de Salud de la Nación. Available at: http://www.msal.gov.ar/images/stories/bes/graficos/0000000134cnt-2013-06_gtb-resumen-ejecutivo.PDF

Pecheny, M., Figari, C., & Jones, D. (2008). Todo sexo es político: Estudios sobre sexualidad en Argentina [All sex is political: Studies on sexuality in Argentina]. Buenos Aires: Libros del Zorzal. Disponible en http://www.sxpolitics.org/es/wp-content/uploads/2009/04/todo-sexo-es-politico-pecheny-figari-jones-eds.pdf4 INDEC (2012). Primera Encuesta sobre Población Trans 2012: Travestis, Transexuales, Transgéneros y Hombres Trans: Informe técnico de la Prueba Piloto Municipio de La Matanza 18 al 29 de junio 2012. Buenos Aires: Autor. Disponible en http://www.indec.gov.ar/webencuestatrans/pp_encuesta_trans_set2012.pdf

3 INDEC (2012). Primera Encuesta sobre Población Trans 2012: Travestis, Transexuales, Transgéneros y Hombres Trans: Informe técnico de la Prueba Piloto Municipio de La Matanza 18 al 29 de junio 2012 [First survey on trans populations 2012: Transvestites, transsexuals, transgenders, and trans men: Technical report of the Pilot Study]. Buenos Aires: Autor. Available at: http://www.indec.gov.ar/webencuestatrans/pp_encuesta_trans_set2012.pdf

With this purpose, Fundación Huésped has worked for many years with the Association of Transvestites, Transsexuals, and Transgender people of Argentina (ATTTA) on research projects such as: the Index of Stigma and Discrimination of People with HIV in Argentina; the acceptability of the use of microbicides, and the implementation of the project Treatment 2.0[4], among others. With this continuous experience, Fundación Huésped understands the pending need for the pioneering research presented in this report to support our political strategies with scientific evidence. We are grateful for the Open Society Foundation for their financial and technical support.

4 Fundación Alvarado & Fundación Huésped (2012). Proyecto Desarrollo de la Iniciativa Tratamiento 2.0 [Development of the Initiative Tratment 2.0] in Alto Comedero, San Salvador de Jujuy, Argentina. Available at: http://www.huesped.org.ar/wp-content/uploads/2012/07/Tratamiento-2.0.pdf

2. INTRODUCTION

This report presents the main results of the research conducted in 2013 with 498 trans participants. The research aims to evaluate the consequences of the implementation of the Gender Identity Law on the quality of life of trans people with a primary focus on health, education, work, housing, and access to civil and political rights. The main objectives include:

a) Assess whether the law is being implemented according to the standards and procedures described in its articles.

b) Identify indicators of quality of life of trans people, specially those factors related to health, education and work.

c) Create an instrument to evaluate the impact of the Gender Identity Law on the living conditions of trans people.

d) Conduct a national survey to provide a baseline measure of the established indicators.

e) Promote the active participation of trans people in exercising their rights and provide social tools for surveillance of the implementation of the law.

The main assumption underlying this project is that the implementation of the Gender Identity Law, which guarantees human and civil rights of trans individuals, will result in quality of life improvements. In particular, we predict that the law will lead to an increase in the access to healthcare, education, and employment. In relation to access and adherence to HIV treatment, we hope to see an increase and an improvement on HIV care. In addition, we expect that implementation of the law will decrease the stigma and discrimination (S&D) in the aforementioned areas (health, education, work, housing, and civil and political rights). Lastly, we predict that the active participation of trans individuals in the social monitoring of the law´s implementation will empower this population and provide them with tools for advocacy.

The first stage of this project consisted of a series of preparatory activities that included: a) literature review to construct the questionnaire and the sample, and b) consolidation of the research team that represents all regions of the country. During this instance, 23 trans ATTTA activist were trained on interview and data gathering skills. This preliminary work formed the foundation of the qualitative and the quantitative studies.

For the qualitative study, two focus groups with a total of 21 participants were conducted in 2013 aiming at exploring trans people perceptions of the impact that the Gender Identity Law has have on their quality of life and experiences of S&D. The transcripts were compared with a study conducted in 2011 (a year before the enactment of the Gender Identity Law) that investigated the perceptions of stigma and discrimination in trans women, in men who have sex with men, and in drug users. The comparison of both studies provided important qualitative information to construct the national survey and to facilitate a better understanding of its results.

The quantitative study aimed to explore living conditions in trans populations, with a particular emphasis on access to healthcare, education, and employment. The study also investigated other social indicators indirectly related to these factors, with a focus on the perception of changes before and after the law´s enactment. The

national survey was developed between June and December of 2013 and reached 498 trans individuals (452 women and 46 men) in seven regions of the country: the Autonomous City of Buenos Aires (CABA for its initials in Spanish); Greater Buenos Aires (Conurbano), the Pampa region (Pampeana); northeastern Argentina (NOA); northwestern Argentina (NEA); Cuyo; and Patagonia.

This report firstly introduces the results of the qualitative study to later develop the information obtained from the national survey, separated the results according to trans women and men. Lastly, the report discusses the results of both studies and makes recommendations to improve programs and public policies for this particular population.

3. QUALITATIVE STUDY

PERCEPTIONS REGARDING THE IMPACT OF THE GENDER IDENTITY LAW

3.1 INTRODUCTION

A study was conducted by Fundación Huésped[5] in 2011 regarding the perceptions of stigma and discrimination (S&D) experienced by trans women, men who have sex with men, and drug users. Of these populations, trans women most frequently experienced exclusion and discrimination from a young age, and their social wellbeing was below their expectations as a consequence of this stigma and the lack of legal recognition of their gender identity. The systematic legal, economic, and social exclusion in trans populations negatively affects several aspects of their life such as family, health, education, work, housing, and safety. Likewise, the internalization of this social stigma and the fear of living in discriminatory situations frequently result in voluntary self-exclusion, low self-esteem, and frustration with or abandonment of personal goals. The results of this qualitative study highlight the importance of gender identity laws that legally recognize trans people identity in order to improve their quality of life as well as to reduce the prevalence of social exclusion, violence, and daily discrimination.

Using the aforementioned study as a reference, a follow-up qualitative study was conducted with the same group of trans women a year after the implementation of the Gender Identity Law. The purpose of the study was to explore their perceptions of the impact that the law was having on their quality of life and experiences of S&D. This investigation also explored the manner in which the law was implemented in different regions of the country, the perceived improvements, and the obstacles encountered up to this point.

3.2 METHOD

3.2.1 PARTICIPANTS

Participants in this study included 21 activists of ATTTA who served as representatives from different regions of the country. Participants were divided into two focus groups according to their HIV-status. In both groups, most individuals had not completed high school education, and only two had achieved some university education.

5 Aristegui, I., Vázquez, M., Lucas, M., & Dorigo, A. (2012). Percepciones y experiencias sobre estigma y discriminación en poblaciones trans, HSH, y usuarios de drogas [Perceptions and experiences of stigma and discrimination in trans populations, MSM and drug users]. Buenos Aires: Fundación Huésped. Available at: http://www.huesped.org.ar/wp-content/uploads/2012/06/Informe-Final-Percepciones.pdf

Aristegui, I. & Vazquez, M. (2013). El impacto del estigma y la discriminación en la calidad de vida de personas transgénero viviendo con VIH [The impact of stigma and discrimination on the quality of life of transgender people living with HIV]. Hologramática, 19(1), 5-30. Available at: http://www.cienciared.com.ar/ra/usr/3/1477/hologramatica_n19pp5_30.pdf.

The group of HIV-negative participants was composed of 11 trans women and 1 trans man, with a mean age of 36.83 years (SD=3.06; range: 19-57 years). Most participants began constructing their identity at 15.45 years (SD=1.11). The group of HIV-positive individuals was composed of 9 trans women with an average age of 43.78 years (SD=3.06; range: 36-61 years), and the majority began constructing their identity at 14.22 years (SD=0.80).

3.2.2 PROCEDURE

Given the characteristics of qualitative methodology, a hypothesis was not developed but rather comparisons were performed with the groups from the 2011 study. A discussion guide addressed the following topics: areas and situations of stigma and discrimination S&D; perceptions regarding the impact of the Gender Identity Law on these experiences; perceived progress in the conditions and quality of life; and observed barriers throughout the law´s implementation.

During a 1.5 hour session, each group was led by a coordinator and an observer. To begin with, participants were informed of the purpose of the study, the confidentiality of the information provided, and consent was obtained to record the session. Finally, a thematic analysis of the transcripts was performed and results were compared to those from previous years by the same research team.

3.3 RESULTS

EXPERIENCES OF STIGMA AND DISCRIMINATION

Consistently with the results obtained in 2011 regarding perceptions of S&D, the participants of the present study described themselves as members of a highly stigmatized group due to their gender identity. They also expressed having systematically endured stigma and discrimination in all aspects of their lives. These situations range from whispers and looks of disapproval to insults, threats, and even violence and physical abuse:

> *'Insults, looks, laughs, or names like `faggot´ ... it is painful and something nobody ever gets used to. . . I have walked down the street, been grabbed, beaten, and raped by a gang of 5 to 10 men. As I walked away, they continued throwing rocks at me.'*

There are several testimonies of discrimination in families, leading to expulsion from their home or migration to another city at an early age. In particular, these difficulties begin from the moment trans individuals decide to live according to their gender identity. 'Most of us were kicked out of our homes at age 11 or 12 because our families didn´t accept that we dressed like women'. In some cases, family members are also the target of discrimination for having and accepting a trans person in the family: *'It was my sister´s wedding, and my mom was not invited because of me*'. On the other hand, according to participants, *'If your family supports you instead of discriminating against you, the situation is completely different'.*

Particularly among trans women, situations of S&D are frequently experienced in educational settings. Teasing, abuse, discouragement, and/or administrative obstacles came from both peers and teachers or administrators. In all cases, this ill-treatment occurred when individuals expressed a gender identity or interests incongruent with the sex assigned at birth: *'A teacher slapped me because he wanted me to go play football'*. There are also instances of sexual abuse and assault in the bathrooms, and teachers frequently took no initiative to stop these actions. These negative experiences led many participants to quit school, mostly when beginning the process of transformation *'I didn´t finish elementary school because it was too evident and everyone always noticed it'.*

> *'If you were a sissy, [your classmates] robbed your school supplies, broke your uniform, hit you at recess... peed on you... and forced you to have sex with them in the bathroom, and one did so out of fear'.*

As a consequence of early exclusion from one´s family and school, many people remain homeless, without social support or education. In relation to housing, many participants report they were refused when trying to rent a property or excessive rental prices were asked for being trans. In addition, there are various stories that describe

discrimination by neighbors. 'I bought a house and one day after I moved in there was a neighborhood meeting to kick me out'.

In terms of work, most stories illustrate that trans people are systematically outside the formal system of employment. In the case of women, the majority considers sex work as the only option. This type of work generates a source of income that allows trans women to *'buy their family´s affection': 'As prostitutes we have a full wallet, and this money allows us to be the loving daughters of mom and dad'.*

However, many participants who engage in sex work become infected with the HIV virus, which in turn increases the experiences of S&D: *'Now you´re the fag and the AIDS carrier'*. According to the reports, HIV not only generates situations of double stigmatization but also discrimination among trans women themselves. In many cases, especially in the provinces, people prefer to remain untested or refuse to be in care if they already have a confirmed diagnosis in order to hide their diagnosis. These individuals do not want a diagnosis to interfere with their sex work and access to clients: *'Nobody wants an HIV test because they´re afraid someone will find out or tell a client'*.

Some participants mentioned that the fight against HIV has empowered trans populations while also generating greater stigma: *'Doctors often consider trans women and HIV as synonymous,... as one only thing, and they don´t want to touch you until the test result is confirmed'*. In healthcare settings, experiences of S&D are frequent, and this leads trans women to refuse visiting the doctor *'until one feels terribly bad and has to go'*. The most feared situations in healthcare centers are being called by a name other than the chosen one and being admitted to a room or ward that is inconsistent with their gender identity. Security guards, administration personnel, doctors, and other patients have been mentioned as responsible for ridiculing and abusing them: *'when you try to bring a Coke to a friend in hospital, the security guard doesn´t let you pass... and maybe, you´re the only one that person has'*.

In relation to safety and security forces, there is a long-standing history of S&D. Trans people constantly have been considered as 'a danger' for society and have lived in abusive situations of all kinds, such as physical and sexual abuse and arrests or detainment for longer periods of time. Some participants mentioned they have received a background check just for walking in the streets wearing an outfit that does not match the gender on their ID: *'You walked along a pedestrian street and end up in jail'... 'A police car came after me with its lights on, and the officer approached me with a baton in his hands, asking for my ID. I was two blocks away from my house, at 9 o´clock in the evening, and I was not acting provocatively or anything'*.

From participants' descriptions it is possible to conclude that society tends to blame trans people for the abuse received. In this view, trans individuals are seen as responsible for vivid discrimination, violence, and abuse, leading them to a situation of defenselessness. It is particularly aggravating when the abusive situations are related to family, school, or security forces:

> *'My aunt´s husband was the first person who raped me. When I told my aunt, she told me: Go away, you´re a little slut, and you´re going to get your uncle in trouble. After that, I told my grandpa, but he didn´t believe me...So, I told my dad and... Do you know what he did?... He slapped me in the face'..*

According to participants, the constant stigmatization generates fear, helplessness, anger, hatred, resentment... shame and low self-esteem. The S&D are presented as factors which lead, in turn, to self-discrimination. The internalization of the social stigma, and the fear of living in discriminating situations results in self-exclusion, avoidance of social places, and the relinquishment of life goals and dreams.

> *'We aren´t going to ask for work or to study... we don´t do normal things such as medical procedures. We avoid them out of fear'... 'I live with the fear of meeting a fool who will embarrass me in the street or shout at me from the rooftops'.*

PERCEIVED IMPACT OF THE GENDER IDENTITY LAW

When participants were asked whether they perceived changes since implementation of the Gender Identity Law, their responses were very positive: *'many changes... numerous doors have opened"*. Progress has been primarily observed in areas such as family, education, health, and political and civil rights. According to

participants, the legal recognition of their identity is viewed as recognition of their existence; therefore, the law is viewed as a resource that has empowered trans people, providing them with an essential tool to face situations of S&D.

According to participants, this law has prompted more visibility and social acceptance of trans populations. *'Today, I see how my mates, through the Gender Identity Law and with an ID card, stand in a different place to face society'*. However, a generational difference is observed on how the law has impacted. The youngsters have already assumed a different position in the society, 'they make a stand against their families rejection, arguing their rights in front of their parents'; however, the law is received differently by older populations who decide not to change their identity for different reasons. For example, one participant explained *'I sacrifice my identity, I don't change my ID as way to 'pay' my sister who gives me a home, she doesn't want a sister (she wants a brother) and I don't want to leave on the streets at this age'*. In the same way, many individuals are afraid of changing their identity as they have lived in a place with an identity their entire lives and, although the identity is often painful, it is a familiar one.

> *'Older women usually do not want to change their identity... they are already hit and afraid... 'We fear losing our identity, what will happen in our documents? What will happen with our things?'*

In relation to the link between the law and situations of discrimination, a large majority of participants recognize that the law will not immediately reduce discrimination; however, many recognize the law is *'a tool, a resource to use*'. One explains, *'The law will not change me, but it gives me a legal warranty'*. Although many interviewees mentioned lacking access to the full force of the law, they explained, *'Our perception of the world and of our own lives has changed 100 percent. What has changed is not the world´s perception of us, but rather our perception of the world'*.

When participants were asked what aspect of life has changed the greatest since the law´s implementation, most noted the improvements in education. Not only because trans individuals are exercising their rights *('the women are returning to high school')* but also because schools, teachers, and principles are adopting a different position as a result of the law *('the director called me and asked if I want to re-enroll in the school')*. Today, there are educational settings of various education levels dedicated to receive trans students, and other institutions, helped by groups of activists, have simply trained and sensitized staff and students on trans issues.

> *'I returned to the school that had previously rejected me... where one of my professors slapped me for being trans. I waited in fear for a week before going back. There, I returned to the walls, noises, troubles, and uneasiness that were in my memories... the pain, the anguish... but today they called me to discuss the Gender Identity Law and sex education, and to me this is a big step forward. I love the idea that the same school, the same director are welcoming me back'.*

For trans men, the linkage between school attendance and dropping out is different from trans women, as men begin their process of transformation later in life. One male participant explained: *'we put up with everything (S&D) throughout high school and, it is not until we have finished high school and looked for a job that allow us to leave home, that we start to become who we really are'*.

Similarly, the participants of these groups, as activists, have lived personal changes in their working status. Many respondents currently hold a position in government organizations that work on human rights or areas of sexual diversity: *'We are working with the city council on improving gender policies'*. They also reported being frequently invited by schools and public sector organizations to participate in training sessions on the new law and its implications. In particular, and as a result of the implementation of this research project, several trans people have entered the formal system, receiving a social security tax number and obtaining a bank account: *'Now we´re bank customers'*

> *'The law changed our lives...as a whole, trans men have no barriers at work unless they have a physical aspect that is contrary to their ID'*

In particular, large improvements have been achieved in relation to political and civil rights. Increased freedom of movement in the streets and decreased police violence are some of the most recognized advances in the first year of the law´s implementation. According to the reports, having an ID card in accordance with one´s gender identity results in fewer police arrests: *'Since the law´s implementation, I have not experienced a violent or discriminating situation with police harassment'*.

'I´m no longer afraid of walking down the street. Before, you could not walk outside because the police grabbed you; you could not take the bus because they kicked you off… Now, you can see girls on the bus, in the street…'

In the same way, exercising the right to vote has changed and expanded: 'today, trans women want to vote with their new ID'. Additionally, many of the interviewed trans people have actively participated in politics, running as candidates in the country´s last elections. Through greater visibility, trans men and women can also learn about how society perceives them and how to avoid feeding the cycle of stigmatization. According to these individuals, *"This is a right and an obligation… because it is the same society that listens to us when we are teasing each other… thus, we have to be careful when we go out on the street, sit in a meeting, talk in public… otherwise, people will say: 'they are fighting against discrimination but they don't treat themselves well and say terrible and derogatory things to each other'.*

This empowerment of trans people has achieved a better and faster access to health services in general, with particular attention on HIV care. As the groups mentioned, a new ID card has motivated many people to 'change their names in medical records' in health center centers.

'Now, they will ask for a consultation and go to the visit… because feel well when they are called by the feminine name on their ID'… 'Today, trans women can be admitted to a hospital ward for women, and this is a breakthrough that we achieved since the law'.

In addition to these improvements, the Gender Identity Law and the search for comprehensive health services have increased the number of people who undergo hormonal therapies and surgeries to alter their bodies in accordance with their gender identities. However, this point also illustrates a shortfall in the proper implementation of the law. Although the law guarantees access to comprehensive healthcare, there is a lack of medical and vocational training regarding the particular characteristics of trans populations: *'I have had silicone implants for 30 years that I wanted removed, but the hospital told me they do not have trained physicians'… 'the hospital does not know how to enforce the law because it does not have the trained staff'.*

Participants' accounts illustrate that there are large differences between the metropolitan area of Buenos Aires and the interior provinces in the way in which the law is being implemented. In the Buenos Aires suburbs, some municipalities began with hormone therapies and surgeries to remove industrial oil or adapt genitals. However, in the more conservative provinces, it is not only difficult to recognize the existence of the law and its implications – *'We had to carry brochures and present information on the Gender Identity Law to the Civil Registry staff that were supposed to change our birth certificates'* – but also, it is challenging to motivate professionals to obtain the necessary training to care for trans people or to find institutions that are open to their participation. Therefore, the activists and representatives from each region will need to sustain an active role to monitor and accompany the law´s enforcement: '*Thanks to the law, our work as representatives is more important',* and to ensure that the Gender Identity Law becomes effective: *'We have devoted all of ourselves to the cause."*

3.4 CONCLUSION

The lack of legal recognition that trans people have endured for years largely contributes to their lack of basic needs and frequent discrimination. However, these trans individuals also perceive the Gender Identity Law as a way of countering their previous lack of civil rights. In particular, the major perceived changes include greater access to basic education, work, and health services as well as an expansion of civil and political rights. A law that recognizes gender identities of trans people principally generates a collective and individual empowerment that provides a tool to counteract social S&D; this tool has the power to improve living conditions, quality of life, and individual wellbeing while reducing the vulnerability of the trans population as a whole.

4. QUANTITATIVE STUDY

NATIONAL SURVEY ON TRANS PEOPLE LIVING CONIDTIONS IN ARGENTINA

4.1. INTRODUCTION

Due to the lack of national statistics on the living conditions of trans people and in order to obtain baseline data to assess in the future the impact of the Gender Identity Law on Gender Identity, it was decided to conduct a national survey to explore the living conditions of transgender people, with particular emphasis on access to health, education and employment, among other social indicators associated with them indirectly, an year after the enactment of the law.

This study covers two purposes. In the short term, and in the framework of this project, a national survey of this magnitude in a hidden population of difficult access provides quantitative and qualitative information to evaluate the implementation of the Gender Identity Law. In the medium and long term, this study provides a baseline and an instrument to gather information in a systematic way, which will serve as the cornerstone for both future studies of impact, and for the creation of a social observatory to social monitoring of the implementation of the law.

4.2 METHOD

4.2.1 PARTICIPANTS

This national survey reached 498 trans people (452 trans women and 46 trans men) residents from seven regions of the country: CABA; Conurbano (Lomas de Zamora, Avellaneda, Lanús, San Martin, La Matanza, José L. Suárez); Pampeana (Mar del Plata, Paraná, Santa Fe, Villa María, Córdoba); NOA (Jujuy, Salta, Catamarca, Santiago del Estero); Cuyo (San Juan, San Luis); NEA (Formosa, Chaco, Corrientes) and Patagonia (La Pampa, Rio Negro, Neuquén and Chubut). Figure 1 shows participants' distribution by region.

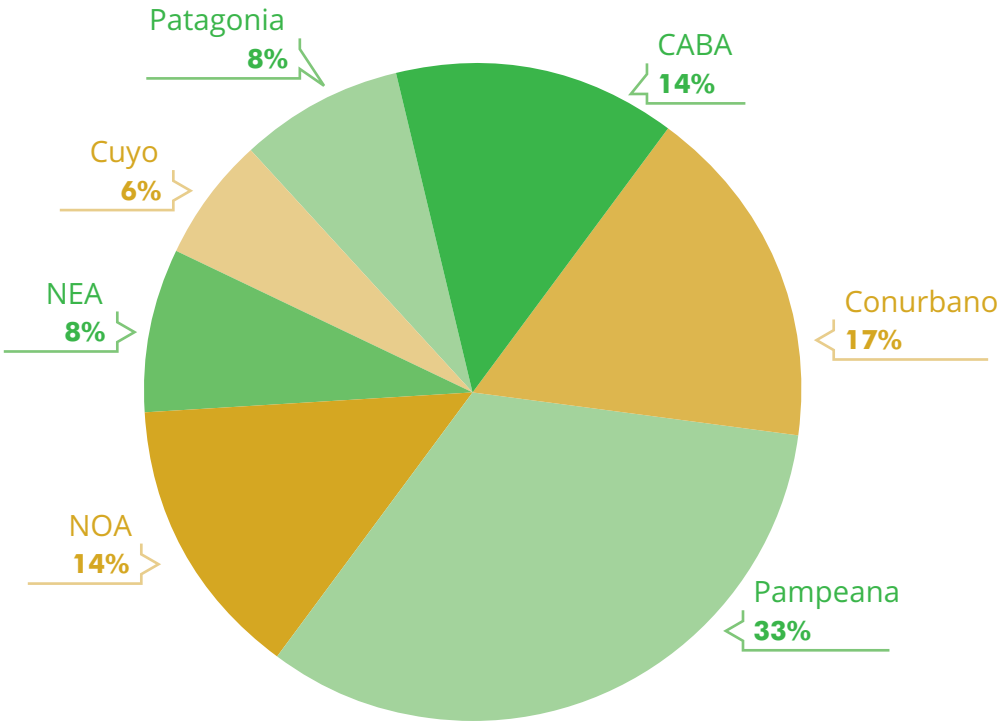

Figure 1. Participants distribution by region (n=498)

The average age of trans women was 31.18 years (SD=9.03, range 14-61 years). The vast majority were born in Argentina (91.2%), while the 5.7% came from other South American countries; the 2.9% from neighboring countries; and, the rest of the sample from a North American country. In the case of trans men, the average age was 27.1 years (SD=7.7, range 17-57 years), and most of them were born in Argentina (89.4%), 5.6% in a neighboring country, and 2.8% in European countries.

Regarding the economic level, as shown in Table 1, one out of three respondents live in poor households (based on the income reported by household). No significant differences between trans women and women were found. Although the distribution at national levels was as expected, it is interesting to note the dispersion observed between NOA and NEA that should be similar regions in socioeconomic terms, as well as the high level of income in Cuyo. According to the explanations of the interviewers from those regions, the level of income achieved from sex work *'is enough to rent an apartment among a group of friends and pay for private transport if necessary'*. In addition, some people receive micro-credits and economic subsidies.

Table 1. Household income by geographic region

	CABA	Conurbano	Pampeana	NOA	NEA	Cuyo	Patagonia	Total
Poor	25,1%	22,2%	45,1%	57,5%	4,4%	3,4%	10,6%	31,9%
Middle in risk	24,3%	53,7%	30,5%	36,8%	24,2%	17,4%	51,5%	35,0%
Middle	33,2%	21,5%	19,8%	3,9%	49,8%	62,4%	31,1%	25,5%
Upper middle	17,4%	2,6%	4,6%	1,8%	21,5%	16,8%	6,8%	7,6%

4.2.2 INSTRUMENT

For the purpose of this study, a questionnaire that explores different dimensions of trans people's lives was designed. This instrument consisted of validated scales, in order to make comparisons with previous studies, and a series of indicators constructed based on the review of secondary sources and the information obtained in the focus groups. The questionnaire was tested with the interviewers during their training sessions and adjustments were made upon their comments. The final version included the following sections:

- Demographic data: age, gender identity and place of residence.
- Health: type of coverage; access to hormone treatments and surgeries for adequacy of sexual characters; knowledge of HIV and other STIs; and the cascade of VIH care.
- Education: maximum levels achieved and dropouts.
- Work: unemployment, type of employment; subsidies and certificates of disability.
- Housing: type of housing; number of persons per household; accessibility to mortgage.
- Civil and Political Rights: ID change; marriage and child adoption.
- Institutional Violence/Security forces: number of and reasons for detentions; violation of rights by police.

In all sections, specific situations of S&D are explored and questions related changes before and after the enactment of the Gender Identity Law were included. Finally, each section asked about the exercise of the rights guaranteed by the law.

4.2.3 PROCEDURE

As trans people belong to a hard-to-reach minority group due to S&D and considering that one of the objectives of the project was to strengthen organization of trans people to monitor the implementation of the law, 23 ATTTA activists were recruited to administering the survey throughout the country. These interviewers received a two-day training provided by Fundacion Huesped aiming at the development of skills for recruiting participants, conducting surveys and collecting data in a systematic manner.

The present descriptive and cross-sectional study used a quantitative methodology with mixed sources. A non-probabilistic sampling was selected combining quota sampling and a snow-ball technique. Quotas were established by region of residence according to the parameters provided by the statistics from the National Registry of Persons (RENAPER for its initials in Spanish). Additionally, age, education and gender quotas were established according to data from ATTTA's regional reports and international studies of prevalence of trans people. For the trans men sample, a non-probabilistic sample through a snowball technique was used and initial contacts drawn from an online survey created with the aim of obtaining socio-demographic information of this population. Data were analyzed using SPSS statistical software version 21. Results were weighted according to the above described parameters.

4.3 RESULTS

In order to facilitate the reading, results of trans women and men will be presented separately. Within each section, data will be sorted according to different life domains such as, health, education, employment, housing, political and civil rights and change management in situations of S&D. Results introduce descriptive data and, in the case of women, also present the statistically significant differences found by region, age, socioeconomic

status, and among people with identity change in IDs and those who have not yet agreed to this right. Due to the small sample size of trans men, these comparisons were not possible thus, only differences observed with trans women are described.

4.3.1 TRANS WOMEN

4.3.1.1 Healthcare

The majority of the trans women interviewed (78.6%) reported having no healthcare coverage other than that provided by the government[6]. Only 11.9% had social security, 8.2% had pre-paid medical emergency service, and 3% had pre-paid health insurance. The type of additional healthcare coverage varies according to the respondent's age. Those between 32 and 61 years old had significantly greater health coverage than the younger individuals (p=.01). Similarly, those participants who had changed the name on their ID cards also had significantly greater health coverage than those who have not a gender-congruent card (p=.02). Considering the characteristics of the healthcare system in Argentina, this result reflects the lack of formal employment among trans women.

Despite the complexity associated with the public health system and the difficulty in scheduling a consultation appointment - which are often detrimental for this population - most trans women (70.8%) have attended a medical consultation during the past year. Among those who did not attend a healthcare facility (n=127), more than half (54%) did not deem it necessary.

KNOWLEDGE AND DIAGNOSIS OF HIV/AIDS AND OTHER STIS

The vast majority of the 452 trans women interviewed (n=446) reported being sexually active. The average age for the first sexual relation was 13.95 years (SD= 2.7) with a range between 6 and 24 years. It is worth mentioning that 28.3% of the participants were younger than 13 years old at the time, showing a significant presence of early sexual initiation in this population.

Regarding STI knowledge, as shown in Figure 2, 93.4% of the sample identified HIV and 87.8% recognized syphilis, but only 55.6% recognized hepatitis. It was noted that the knowledge of STIs varies depending on participants' education level. Trans women who completed high school or a higher education level exhibited significantly greater knowledge of STIs than those participants with lower education levels (p=.000).

Approximately half of the sexually active trans women interviewed have been diagnosed with an STI (52.3%), and the majority of these women (85%) have completed medical treatment. According to their accounts, the most frequent diagnoses were syphilis (27.3%) and HIV (21.8%)[7]. However, there were differences due participants' region and age in the diagnosis of STIs. Trans women from CABA, Conurbano, and Pampeana reported a significantly higher proportion of STI diagnoses than participants from Cuyo and Patagonia (p = 000); additionally, those older than 31 years presented a higher frequency of diagnoses than younger individuals (p=.01).

6 The health system in Argentina is characterized by being segmented, heterogeneous and inequitable. All inhabitants have the right to access the public health system whether, they have any additional social security/private coverage or not. This system usually concentrated people from unemployed and low income groups. Workers with a formal employment in both private and public sector, as well as their respective family groups, have additional coverage of social security institutions called "obra social". There are also certain private insurance companies aimed at higher-income population named as "prepagas". United Nations Development Programme (2011). Argentine health system and its long-term path: Achievements and future challenges. Buenos Aires. Available at http://www.paho.org/arg/images/Gallery/publicaciones/El%20sistema%20de%20salud%20argentino%20-%20pnud%20ops%20cepal.pdf

7 Note this results is based on the reports of sexually active participants (n=446), regardless they have been tested or not for HIV. Specific questions related to HIV testing are reported below.

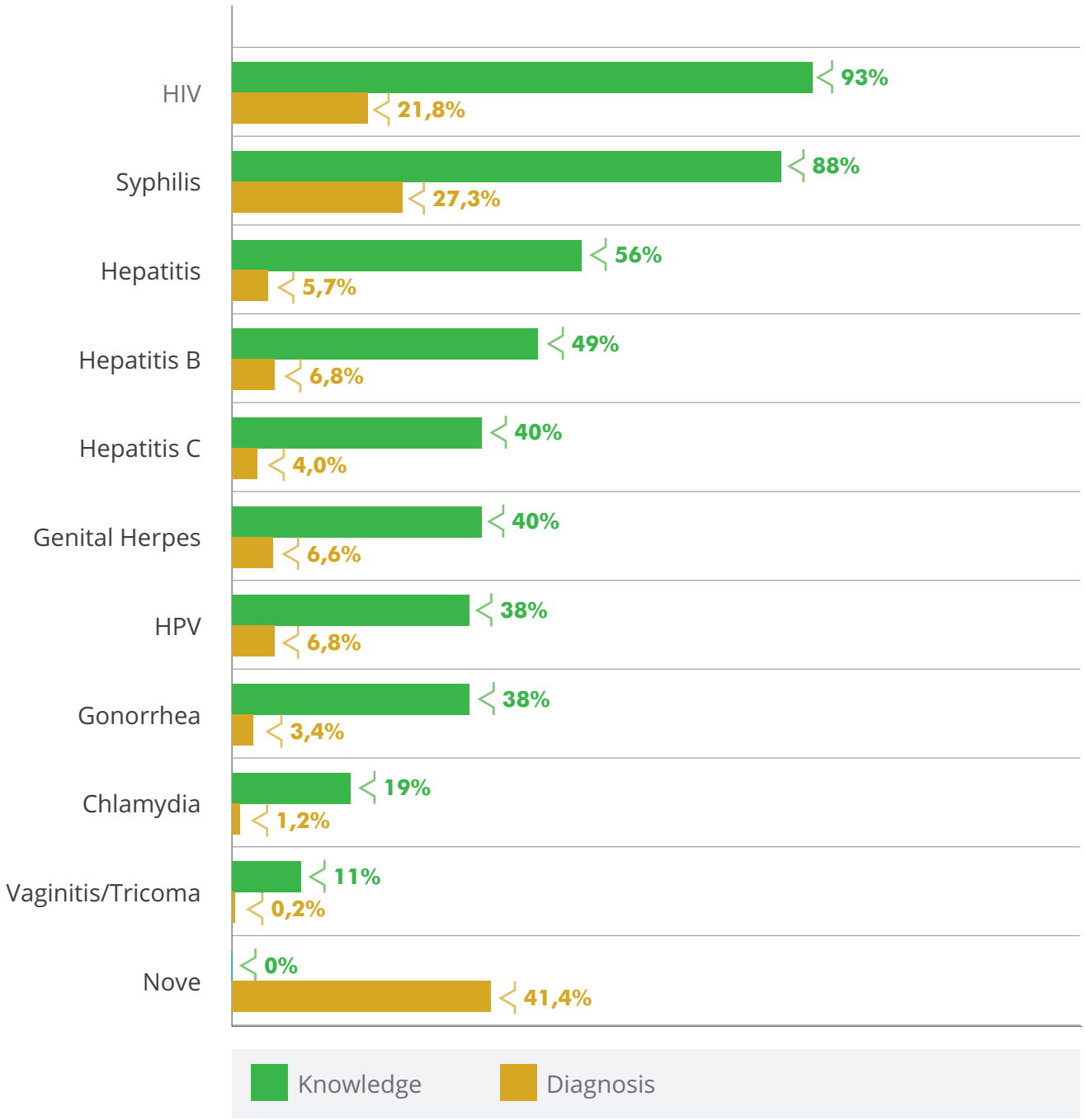

Figure 2. Knowledge (n=452) and Diagnosis (n=446) of STIs

Regarding HIV, it was observed that a high percentage of sexually active women have been tested for HIV (89.3%). Testing was mainly performed in a public health center (83.3%), while the rest of the sample has been tested in a private facility (16%) or a non-governmental organization (NGO) (9.9%). When asked about the result of their last HIV test, 25% reported a positive result and 3% preferred not to answer (see Figure 3).

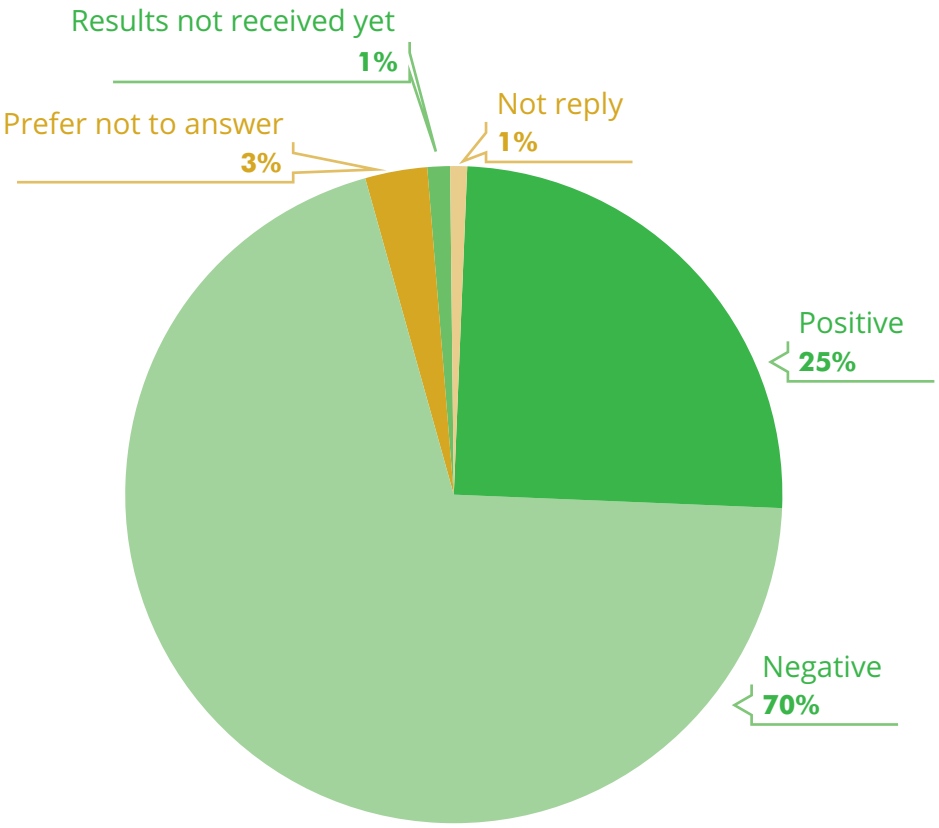

Figure 3. Result of last HIV test (n=446)

As shown in Figure 4, the most common reasons for HIV testing were 'routine check-ups' (45.7%) and 'check-up due to sex work' (32.9%). Of those 399 trans women tested, 65.5% received counseling prior to testing and 65.5% received counseling after receiving the test result. Among the participants who have not received an HIV test (n=47), the most common reasons for not doing it were 'not considering [myself] at risk' (39.5%) and 'not wanting [a test]' (34.9%).

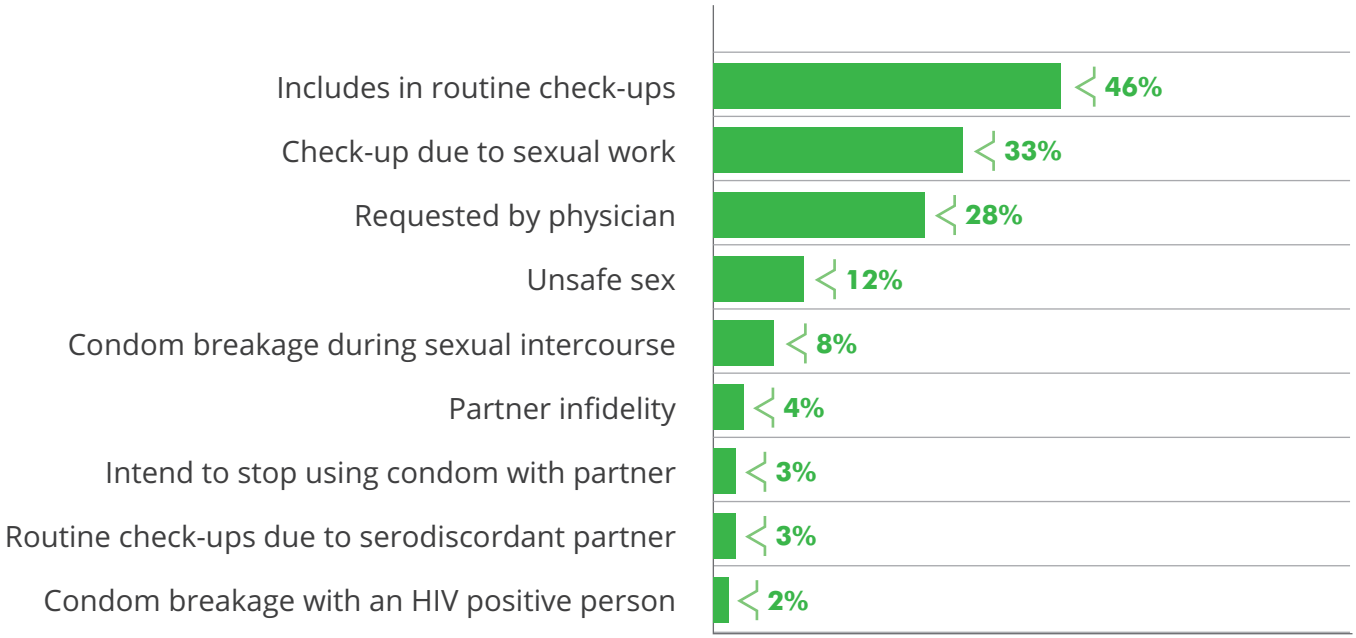

Figure 4. Reasons for HIV testing (m=399)

An individual's region and ID contributed to differences in access to HIV testing. Respondents with a gender-congruent ID reported a significantly higher percentage of HIV testing than those who had not yet changed their gender identity in the ID (p=.002). In relation to the region, it is surprising that in Conurbano - which has a variety of healthcare services - HIV testing was less frequent than in other regions, such as Pampeana and Cuyo.

HIV knowledge and routes of transmission of HIV/AIDS

As shown in Table 2, trans women were highly knowledgeable about HIV transmission routes. Almost the entire sample identified condoms as a method of prevention and their necessity when both members of the couple are infected. In general, participants did not believe HIV-myths such as transmission caused by mosquito bites, kissing, sharing a 'mate'[8] straw, or sharing showers or baths. However, some individuals lacked knowledge of mother-to-child transmission (MTCT): Nearly one-third of the sample believed that HIV could not be transmitted during breastfeeding, pregnancy (23.9%), or delivery (21.6%). This lack of knowledge likely relates to a transmission route that does not affect this population.

Table 2. HIV knowledge and routes of transmission

	No	Yes	No Reply
You can reduce your risk of getting HIV by using condoms at every sexual relationship	2,1% (10)	**97,7% (441)**	0,2% (1)
You can get HIV from a mosquito bite	**86,8% (391)**	10,9% (49)	2,4% (12)
You can get HIV by sharing food	**95,3% (430)**	4% (18)	0,7% (4)
You can get HIV by sharing a mate's straw	**95,8% (432)**	3,2% (15)	1% (5)
You can get HIV by using a syringe already used by someone else	5,7% (26)	**91,6% (412)**	2,6% (14)
A person living with HIV looks healthy	4,9% (21)	**93,7% (422)**	1,5% (9)
HIV can be transmitted from mother to child during pregnancy	19,8% (86)	**76,1% (346)**	4,1% (20)
HIV can be transmitted during the delivery	15,8% (66)	**78,4% (358)**	5,8% (28)
HIV can be transmitted through breast milk	23,9% (105)	**69,7% (319)**	6,4% (28)
Teachers who has HIV but are not sick should be allowed to continue working at school	2,7% (12)	**94,8% (430)**	2,4% (10)
If both members of a couple have HIV, they have to use condoms when having sex	7,6% (34)	**91,7% (415)**	0,7% (3)
You can get HIV in pools, showers or bathtubs	**94,6% (428)**	2,8% (12)	2,6% (12)
You can get HIV by sharing restrooms/toilet	**94,1% (425)**	3,6% (17)	2,3% (10)
You can get HIV by sharing towels or clothing	**94,4% (426)**	3,7% (17)	1,9% (9)
You can get HIV through saliva or kissing	**87,1% (386)**	7,4% (35)	5,6% (31)

While the overall sample showed a high level of HIV awareness, it was observed that some myths regarding transmission routes are still believed in specific regions. In Cuyo and Patagonia, over 20% of respondents stated that HIV can be transmitted by mosquito bite. In these regions, the proportion of incorrect answers was significantly higher than Conurbano (p=.01). Regarding MTCT, a greater lack of knowledge was observed in Pampeana region compared to other regions, while in Patagonia every person interviewed was aware of this transmission route.

8 Mate is an Argentine common infused drink that is served in calabash gourd, and groups drink the beverage by sharing a straw.

Moreover, age and income contributed to differences in certain myths associated with HIV infection routes. Younger participants, compared to those older than 31 years, believed that the virus could be transmitted by sharing mate (p=.01). Also, it was found that respondents with a 'medium-risk' income level had significantly more wrong answers – i.e., transmission can occur in pools, showers, or tubs - than participants with higher income level (p=.02).

Type of sexual partner and condom use with different sexual partners

In relation to type of sexual partner, 37.4% of the sexually active trans women reported having a stable partner. Most of these women were in a relationship with a male (94.9%), 2.8% with a female, and 1.2% with another trans person. The modal length of the relationship was 24 months. Among these participants, 60% reported inconsistent condom use with their stable sexual partners, meaning that they not always have safe sex. Additionally, the majority of the trans women interviewed (84.3%) mentioned having casual sex relations with men (97.8%), women (7.2%), and another trans person (1.2%). When asked about condom use, a 32.1% reported inconsistent condom use with casual sexual partners.

Most of the sample of the study (82.7%) have had sexual intercourse with a sexual client, that is, have exchanged sex for money, help, protection, or gifts, among others benefits. The vast majority (96.8%) maintained this kind of sexual exchange with men, and rarely with women (8.5%) or another trans person (2.7%). Women over the age of 31 years reported having significantly more sex in exchange for money, gifts, goods, and protection that younger respondents (p=.03). It should be noted that in this type of sexual relationships, the consistent use of condom is more frequent than with other types of partners (71.4% reported safe sex with sexual clients). As shown in Figure 5, the use of condoms varies depending on the stability of the couple, the more unstable the relationship, the greater the use of condoms. However, participants' region contributed to differences in condom use with casual partners and in exchange for money, gifts, goods, and protection. Unlike reports of most regions (CABA, Conurbano, Pampeana, NOA and Patagonia), NEA presented a less consistent condom among their participants.

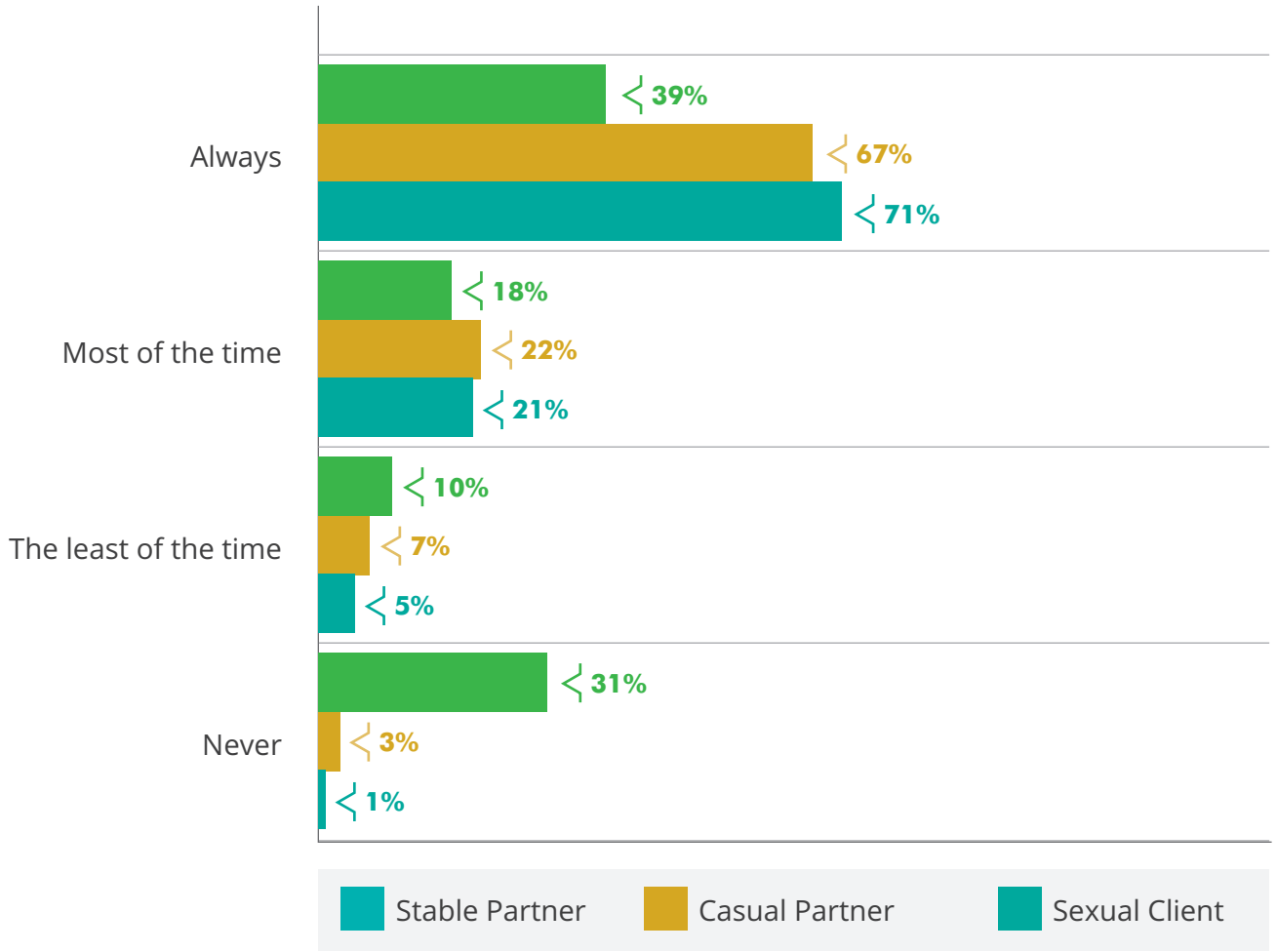

Figure 5. Frequency of condom use per type of sexual partner (n=446)

Among the sexually active respondents, 83.3% mentioned having safe sex during the most recent sexual relation. Among these individuals, 83.7% used a condom from the beginning of the sexual encounter, and 76.3% removed the condom while the penis was still erect. Among the 69 participants who did not use condoms in their most recent sexual relation, the most common explanations given were "'I didn't want to use it" (30.2%) and "I don't know" (20%). More than half of these women (69.5%) were unaware whether their partner had been tested for HIV.

Prevention technologies

New technologies are necessary for earlier diagnosis of HIV and prevention of HIV and other STIs. More than half of the respondents (61.6%) stated they would prefer to receive a rapid HIV test, which requires 20 minutes to obtain the result, to the conventional test, which requires between 7 to 20 days. Of those participants who have not been diagnosed with HIV (n = 299), the vast majority (98.3%) also would be willing to initiate antiretroviral therapy immediately if diagnosed with HIV, as a way of preventing the transmission of the virus. This result suggests a fertile ground for the evaluation of Treatment as Prevention strategies (TasP) among this population.

In regard to potential new prevention technologies, 79.9% of the 452 respondents would use microbicides[9] if they were available. However, if this method were not as effective as condoms, 44.5% would prefer to use microbicides in conjunction with condoms, and 44.5% would use only condoms. Of the HIV negative respondents, 87.8% would use pre exposition profilaxis (PrEP) if it were available; that is, they would daily take a pill as a way to prevent getting the virus. However, if PrEP were not as effective as condoms, 51.2% would simultaneously use both methods. As shown in Figure 6, while the majority of trans women who were not diagnosed with HIV would be willing to use PrEP and microbicides as methods of HIV prevention, their willingness was closely related to the effectiveness of these methods.

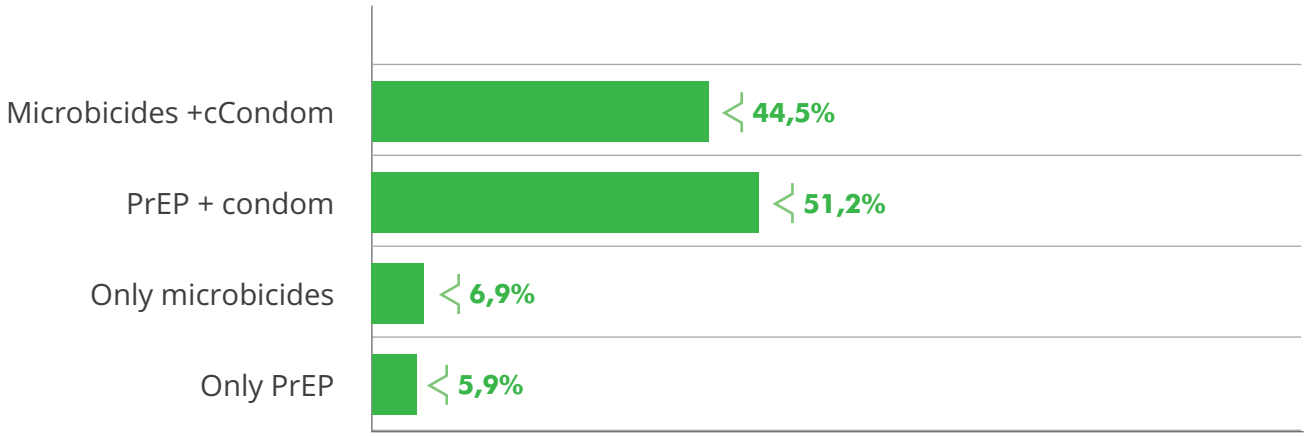

Figure 6. Mode of use of PrEP (n=299) and Microbicides (n=452)

Significant differences were found in the acceptability and willingness to use new technologies between NEA and other regions such as Conurbano, Pampeana, CABA, NOA, Cuyo, and Patagonia. Of the total sample, participants from NEA were least willing to receive a rapid test and to use PrEP and microbicide if they were available. Similarly, it was observed that education also influences the level of acceptability of new prevention strategies. Those respondents who have not completed elementary school reported less willingness to use microbicides and PrEP than those with a higher educational level.

9 Microbicide is a substance in the form of a gel, cream or suppository that placed in the anus or vagina could prevent HIV transmission.

HIV care and disclosure

Among those with HIV, 95.2% disclosed their diagnosis to some significant other, particularly, to friends (60.7%). It is worth mentioning that only 40.2% has disclosed their diagnosis to a partner and 12.3% to family members. Regarding the continuity of HIV care, nearly all HIV-positive participants (90.9%) consulted an HIV specialist during the past year and 74% (n=73) were taking medication at the time of the study. Of these, 72.1% reported always taking the medication, and only half of the patients under antiretroviral therapy (53.4%) achieved an undetectable viral load. The most common reasons for not taking the medication as prescribed included 'side effects' (36.5%) and 'difficulties in taking the medicine' (31.5%).

PROCESS OF TRANSFORMATION

Regarding access to the process of transformation to make their bodies congruent with their identity, 68% of the 452 trans women interviewed mentioned having had hormone treatment. Of these women, approximately a half (54.4%), conducted the treatment by themselves, and only 19.8% of the participants had this procedure under medical supervision. Another example of the lack of access to healthcare services is the frequency of industrial oil injecting among trans women in Argentina. More than half of all respondents (61.2%) have injected industrial oil and the vast majority (92.8%) has done this practice with the assistance of another trans person. As shown in Figure 7, of the 452 trans women surveyed, 42.5% received breast/buttock implants, 40.6% had nose/cheek surgery, and only 2.4% underwent gender reassignment surgery, mainly with medical assistance.

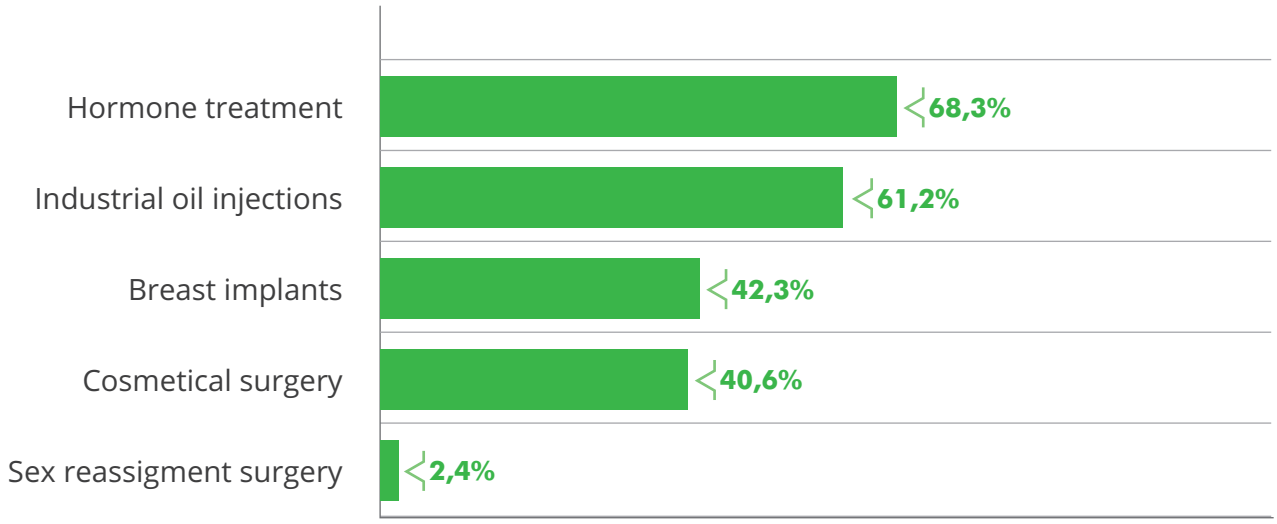

Figure 7. Interventions related to the process of trasformation (n=452)

Implementation of the Gender Identity Law in Healthcare

Since the enactment of the Gender Identity Law, and concerning a comprehensive health care for trans people, 33.5% of the participants have consulted a healthcare center regarding hormone treatments, 23.6% have consulted an endocrinologist, and 3.4% underwent sex reassignment surgery (see Figure 8). Among the 183 surveyed who have not sought a consultation on these topics, 79.6% mentioned they would be willing to seek medical care in the future.

Differences were found in access to healthcare services after the enactment of the Gender Identity Law in relation participants' region and ID. The frequency of consultations in CABA and Conurbano was significantly higher than in other regions (p =.000). Additionally, participants who had an ID congruent with their identity have done significantly more consultations after the law than those who have not changed the name in their ID (p=.03).

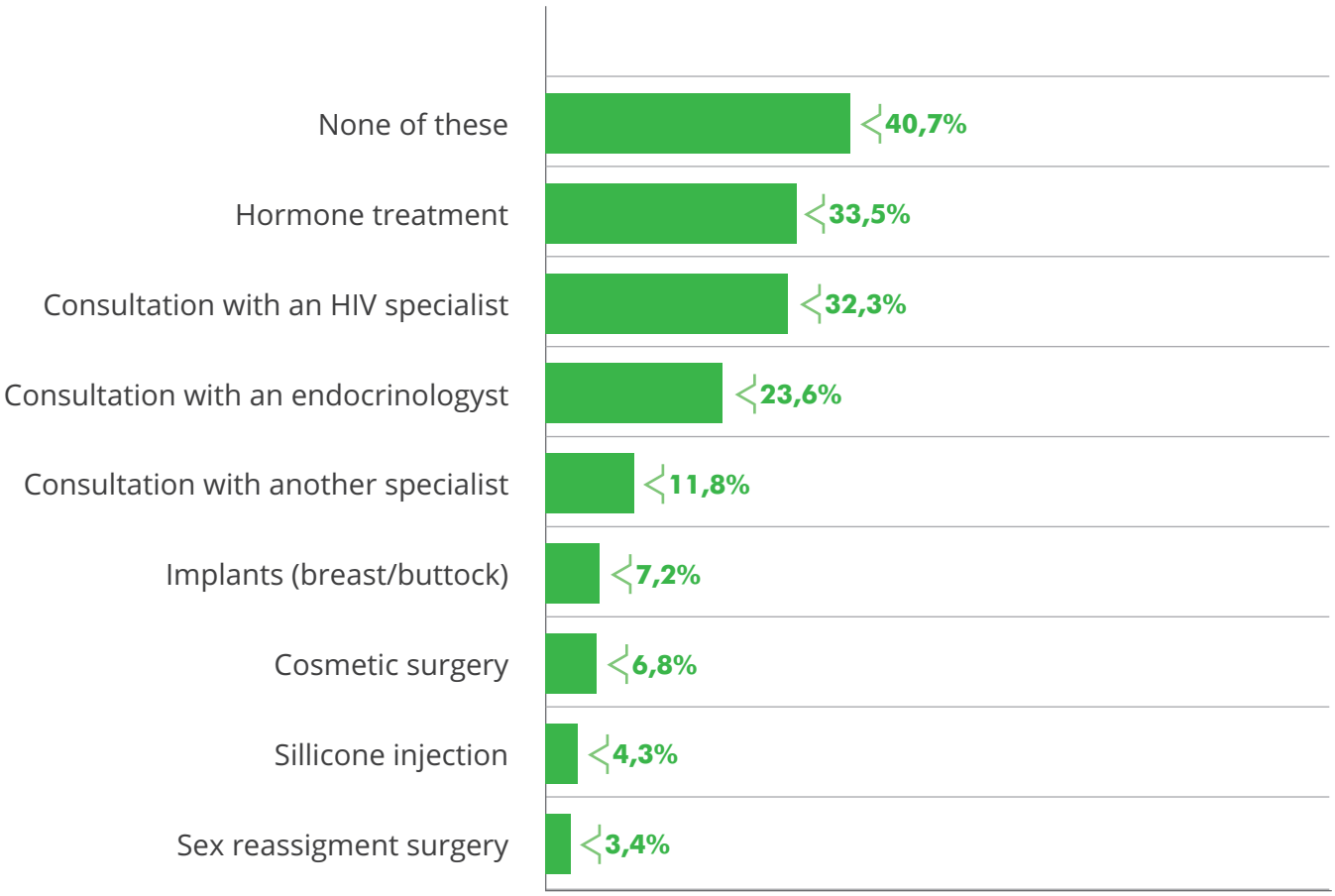

Figure 8. Steps taken to acquire rights guaranteed by the law in healthcare (n=452)

STIGMA AND DISCRIMINATION IN HEALTHCARE SETTINGS

Regarding experiences of S&D associated with HIV status, the majority of participants diagnosed with HIV mentioned experiencing discrimination at healthcare settings. When asked about who perpetrated these situations, the most frequent responses were administrative personnel (44.3%), followed by physicians (38.3%), nurses (35.9%), other professionals such as psychologists and social workers (24.5%), and other patients (23.7%). Moreover, 34.4% of these people reported being discriminated by other trans individuals due to their HIV status (see Figure 9).

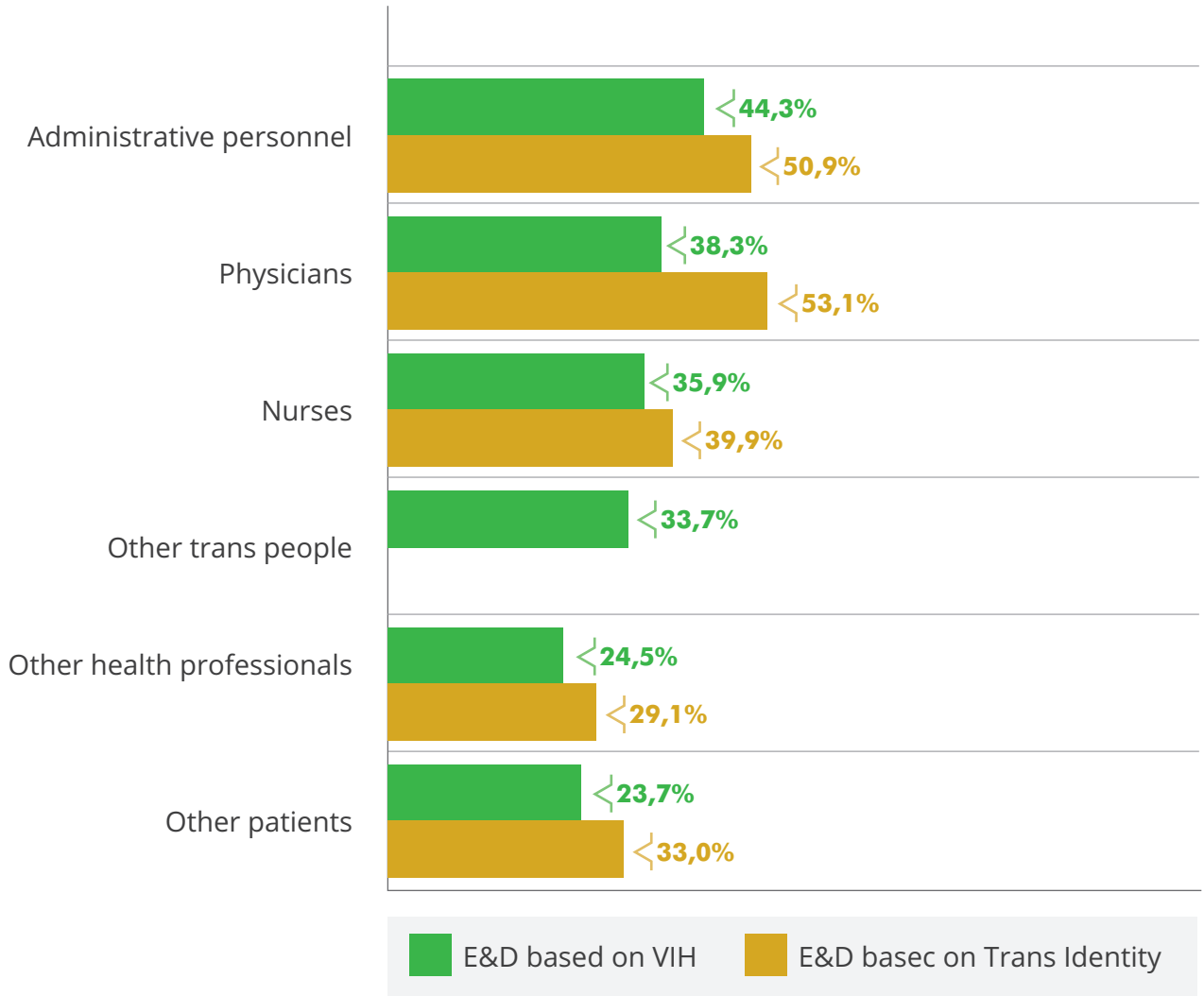

Figure 9. Origin of experiencies of S&D related to HIV (n=103) and to gender identity (n=452)

As shown in Figure 9, regarding experience of S&D associated with trans identity within the healthcare system, participants reported being discriminated primarily by physicians (53.1%), followed administrative personnel (50.9%), nurses (39.9%), patients (33.0%), and other professionals such as psychologists and social workers (29.1%). It seems than discrimination within healthcare centers is more frequently related to gender identity than to HIV status. However, in both types of cases, discrimination was very high and thus, a serious violation of the Anti-discrimination Law (N. 23.592) and the AIDS Law (N. 23.798) existing in Argentina.

Impact of the Law on experiences of stigma and discrimination in healthcare settings

In relation to specific S&D experiences in healthcare settings, great differences were observed in the frequency reported before and after the enactment of the Gender Identity Law (see Figure 10). While 41.2% of the respondents avoided health care consultations out of fear of discrimination before May 2012, this percentage reduced to 5.3% in the past year. Also, some of the most frequent situations experienced prior to the law, such as not being called by their chosen name (67.1%) and being ridiculed or assaulted by personnel (40.2%) significantly dropped to 17% to 12.7%, respectively, after the law was passed. Since May 2012, 7 out of 10 respondents have not experienced any of the S&D situations mentioned above. Along the same line, it was observed that the percentage of discrimination reported by those participants who had a gender-congruent ID was significantly lower than those who did not change their gender identity in the ID (p =.01). It should be noted that some of these differences may be biased due to the time involved in 'before the law', which refers to most of their lives, whilst 'after the law' only refers to the past 12 months.

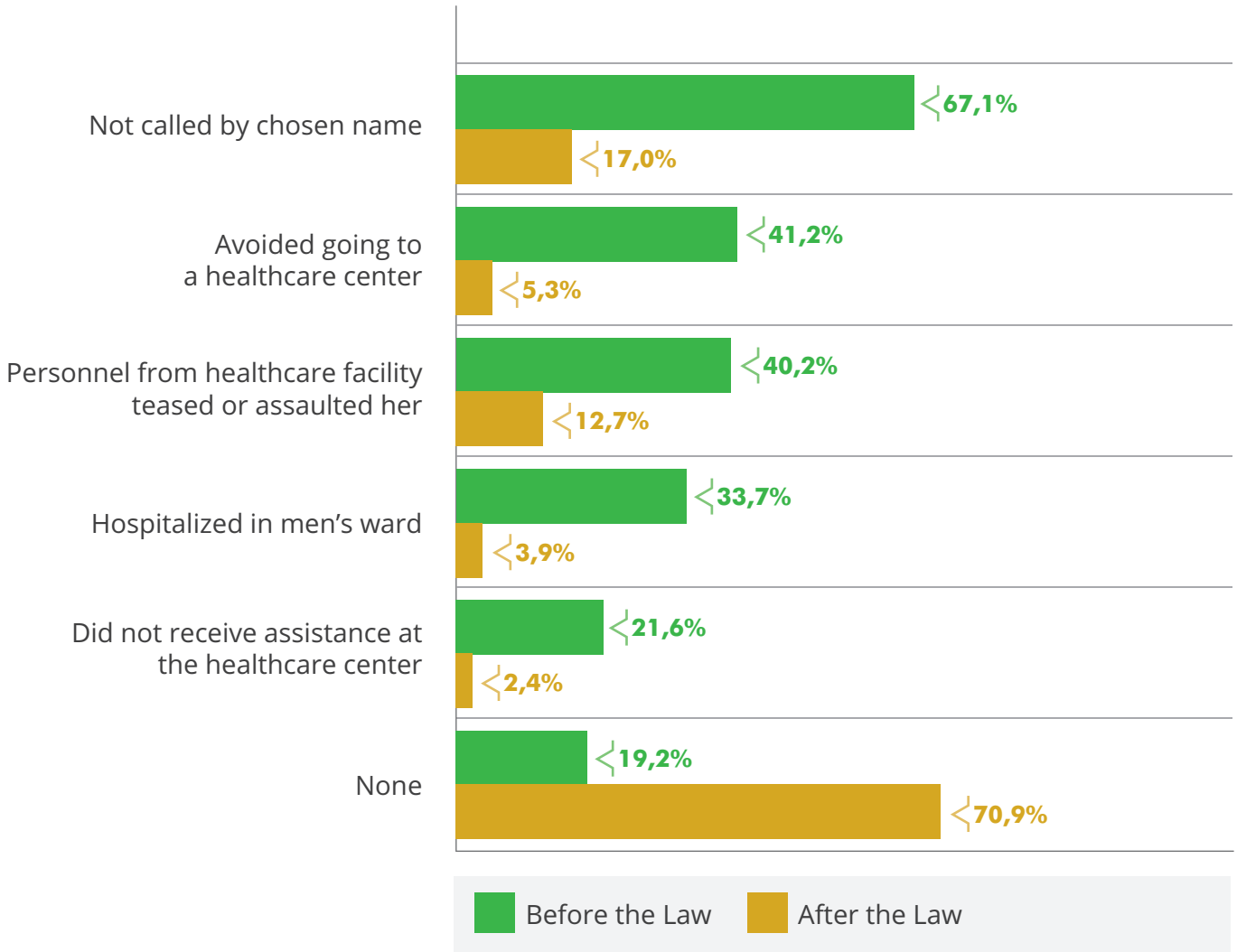

Figure 10. Experiences of S&D before and after the Law in Healthcare (n=452)

Only 65 trans women interviewed have made a formal complaint regarding the situations of discrimination experienced, mostly (63.5%) to the institution authorities.

4.3.1.2 Education

Of the total sample of 452 trans women, 99.5% (n=450) were literate. One person reported being illiterate and has never attended a formal educational setting. In the Figure 11, the highest education levels achieved are shown for participants younger than 18 years and participants older than 18 years, with a modal educational level of incomplete high school[10].

10 According to the National Education Law (No. 26206), in Argentina education is compulsory from the age of 5 years until finishing high school, approximately at the age of 18 years.

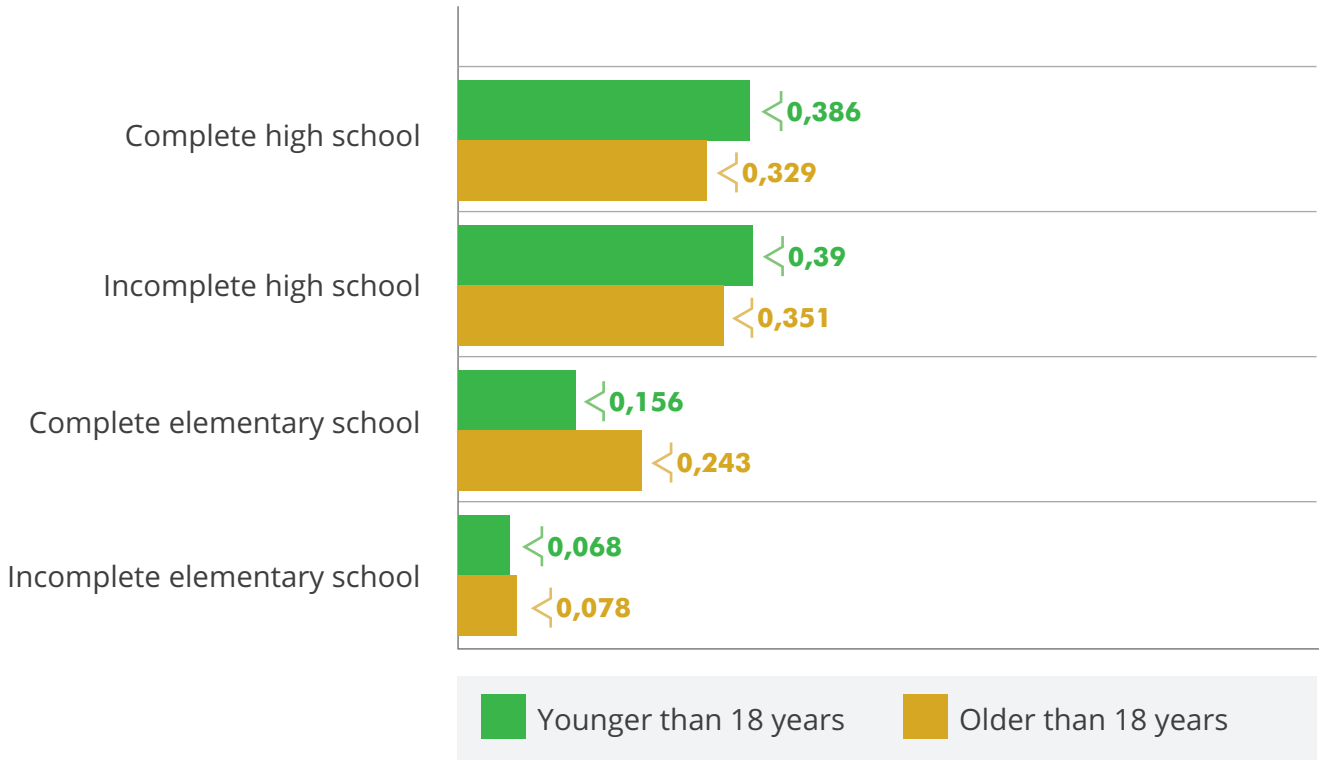

Figure 11. Maximum level of education achieved per age: younger than 18 years old (n=418) and older than 18 years old (n=20)

Of those older than 18 years old (n=418), 96.4% were not attending school at the moment of the study. Of these, 66.2% have not completed high school or a higher education level, which would be expected for this age. As reported by participants, 34.8% have dropped out of high school. Among the remaining 13.9% who were attending school or a formal education center, 58.3% were still finishing elementary or high school.

Of the participants younger than 18 years (n=20), 50% were attending school at the moment of the study, while the remaining half had dropped out. Of those who were not studying, only 2 individuals have graduated high school.

STIGMA AND DISCRIMINATION ASSOCIATED WITH GENDER IDENTITY AT EDUCATIONAL SETTINGS

In relation to experiences of S&D in school or formal education centers, 7 out of 10 (71.3%) trans women have faced discrimination by classmates. Despite their social and professional obligation to avoid discrimination, 4 of every 10 respondents have experienced discrimination by principals and headmasters (40.7%) and teachers (40.2%). These results highlight the acceptability and normalization of prejudice and violence against trans students at educational settings.

As Figure 12 illustrates, acts of discrimination have also been perpetrated by administrative and maintenance personnel (37.6%), and other professionals such as psychologists (22.7%). This difference observed between classmates and school personnel could potentially be explained by the greater amount of time peers and classmates spend together inside and outside of school, providing more opportunities for bullying.

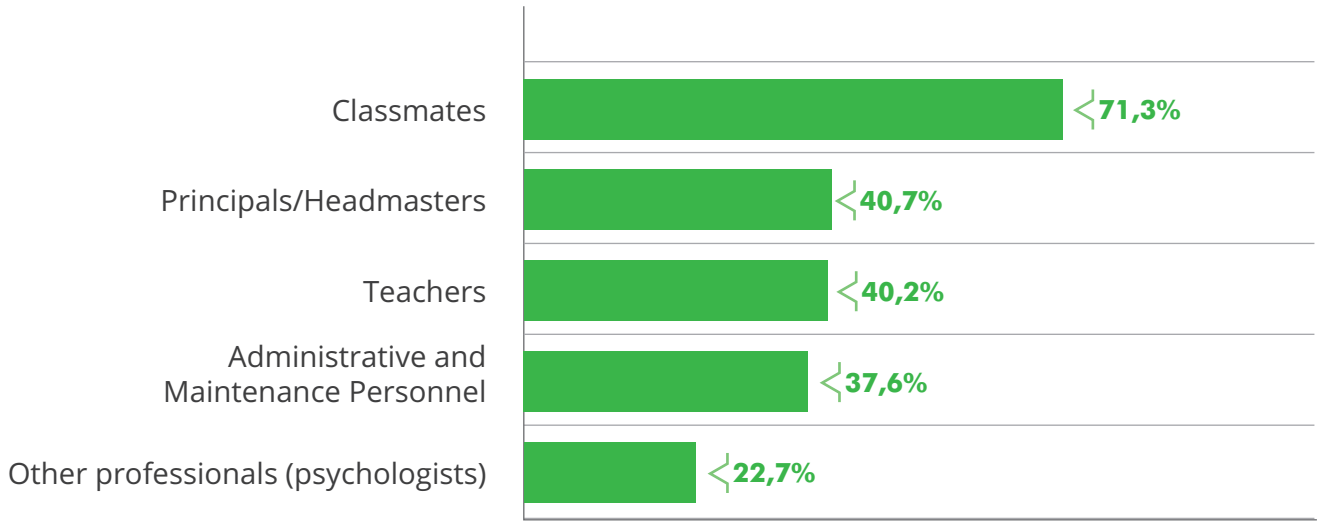

Figure 12. Origin of experiencies of S&D related to gender identity in education (n=451)

Impact of the Law on the experiences of stigma and discrimination in education

When asked about specific situations of S&D in relation to education, participants reported fundamentally different experiences before and after the enactment of the Gender Identity Law (see Figure 13). Half of the sample (48.9%) of the 452 trans women stated that they felt the need to drop out of school due to the stigmatization suffered, but this number reduced to 4% after the enactment of the law. Similarly, frequently experienced situations prior to the law included: not being called by their chosen name (33.9%), not taking an educational opportunity (29.2%), being victims of teasing or aggression by teachers (20.9%), and being denied enrollment in an educational center (11.6%). It was observed that the differences in educational level correspond to the experiences of S&D, with those respondents who completed high school or a higher education level enduring significantly fewer experiences of S&D than those with incomplete high school or a lower educational level (p=.000). However, all these situations have decreased significantly after the law, and 8 out of 10 participants reported experiencing none of these situations of S&D (83.7%).

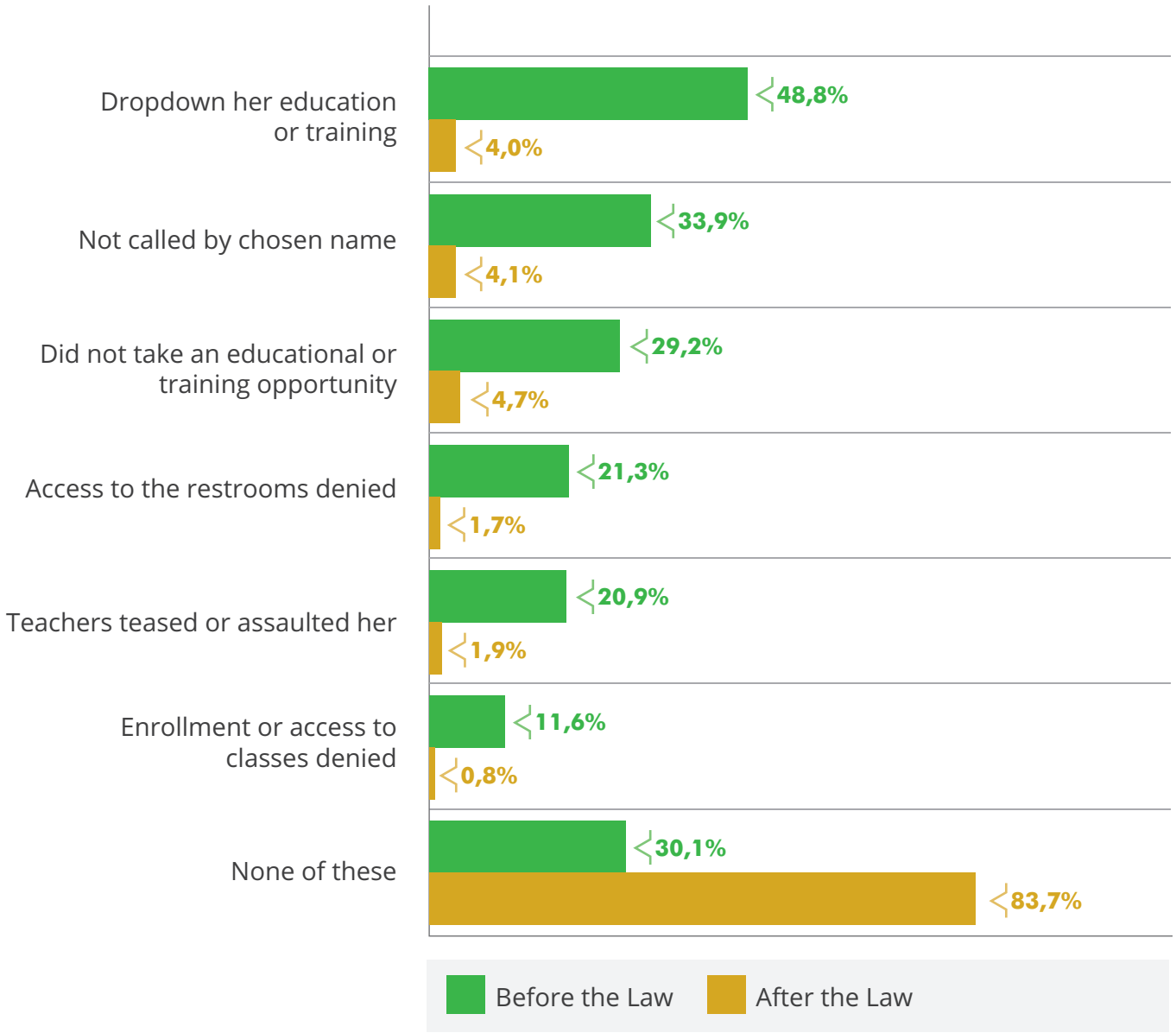

Figure 13. Experiences of S&D before and after the Law in education (n=452)

It should be noted that only 1 out of 10 individuals who experienced S&D (n=393) have made a formal complaint, mostly (72.4%) to the administrators and authorities of the corresponding educational institution.

IMPLEMENTATION OF THE GENDER IDENTITY LAW IN EDUCATION

It is important to mention that since enactment of the Gender Identity Law, 15.7% of the 452 participants have changed their names in academic certificates or degrees previously awarded, 14.4% has resumed their education (this group included the person who reported being illiterate) and a 10% has changed their names in the academic records of their respective educational institutions (see Figure 14). It was observed that all these steps were significantly more frequent among those individuals who have changed their names in ID cards compared to those who have not sought this change (p=.000).

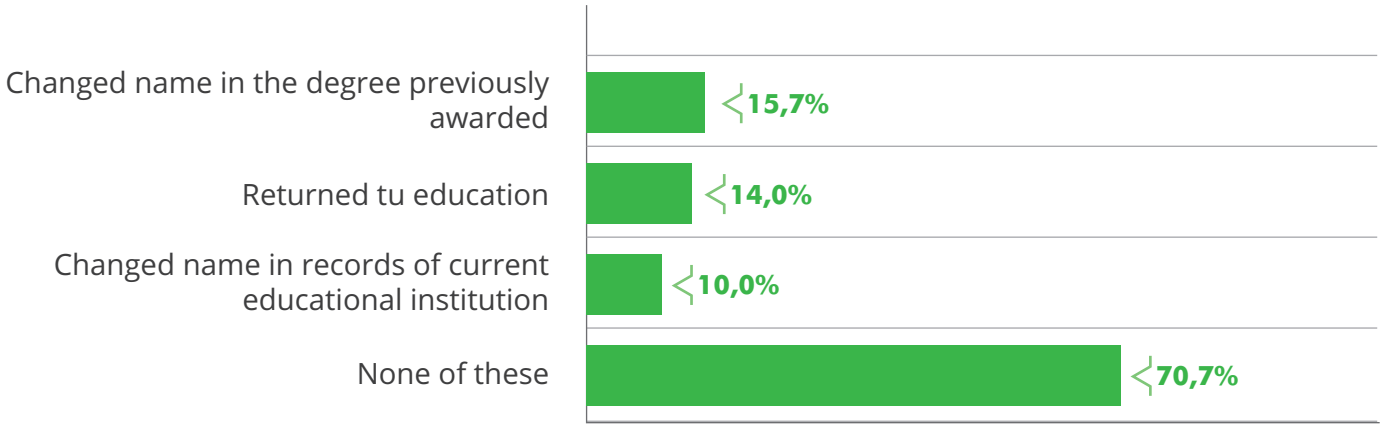

Figure 14. Steps taken to acquire rigths guaranteed by the law in education (n=452)

Among the 313 participants that have not performed any of the above-mentioned steps towards the exercise of their rights, 78.8% mentioned being willing to take these steps in the future. This is a promising result, depicting the willingness of trans women to improve their access to education.

4.3.1.3 Employment

In relation to employment, 83.8% (n = 381) of the trans women interviewed mentioned having worked the previous week, including sex work. At that moment, more than half (63.7%) worked more than 35 hours per week. Among those participants who have not worked the previous week (n = 69), half of them (50.9%) have looked for a job in the past 30 days. When asked about their employment situation, 70.7% reported being self-employed and only 1 out of 10 participants (13%) worked for an employer. It should be highlighted that less than 10% of the trans women who were working received retirement benefits.

As illustrated in Figure 15 and 16, trans women have a precarious employment situation characterized as highly unstable and informal. Of the 452 individuals surveyed, only 14.6% mentioned having never done sex work. Among the remaining trans women, 6 out of 10 participants were involved in sex work at the time of the survey (n = 274).

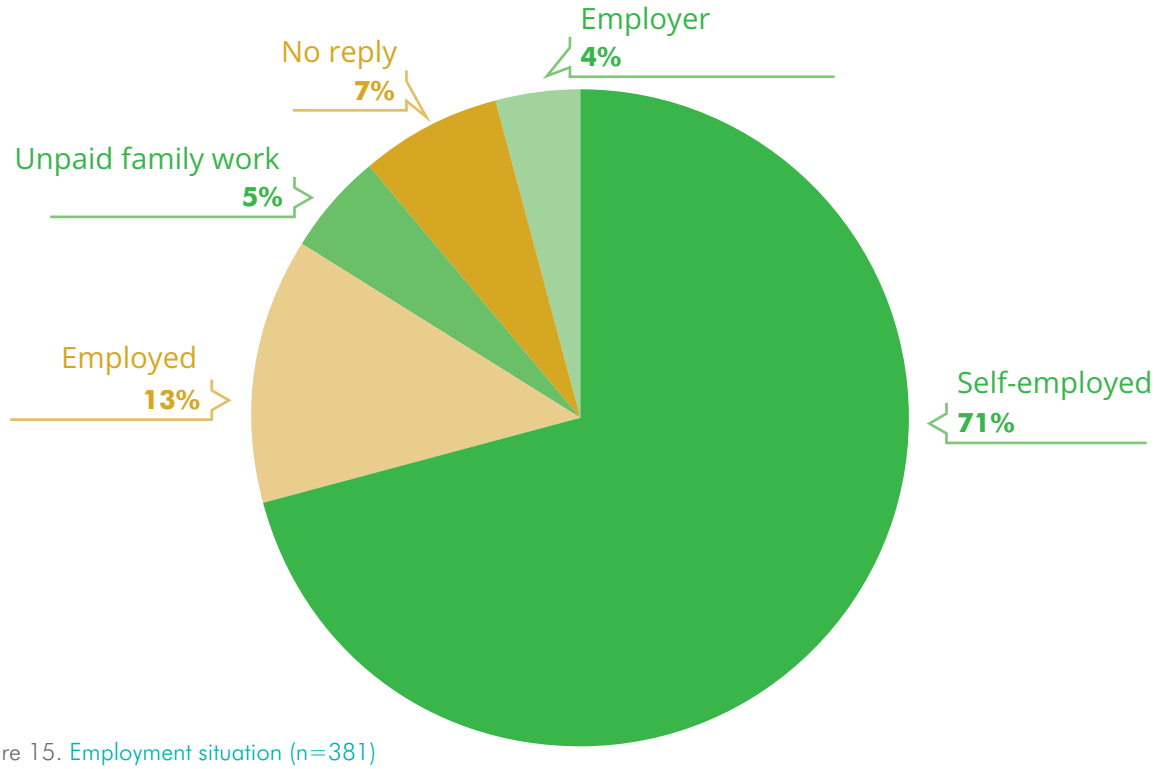

Figure 15. Employment situation (n=381)

Of all respondents, 15.7% stated having a physical disability and, among these, 6 out of 10 (62.2%) had an official disability certificate. Of this latter group, 86.6% were receiving disability benefits. Disability was significantly higher in trans women over 31 years old than among younger individuals (p=.000).

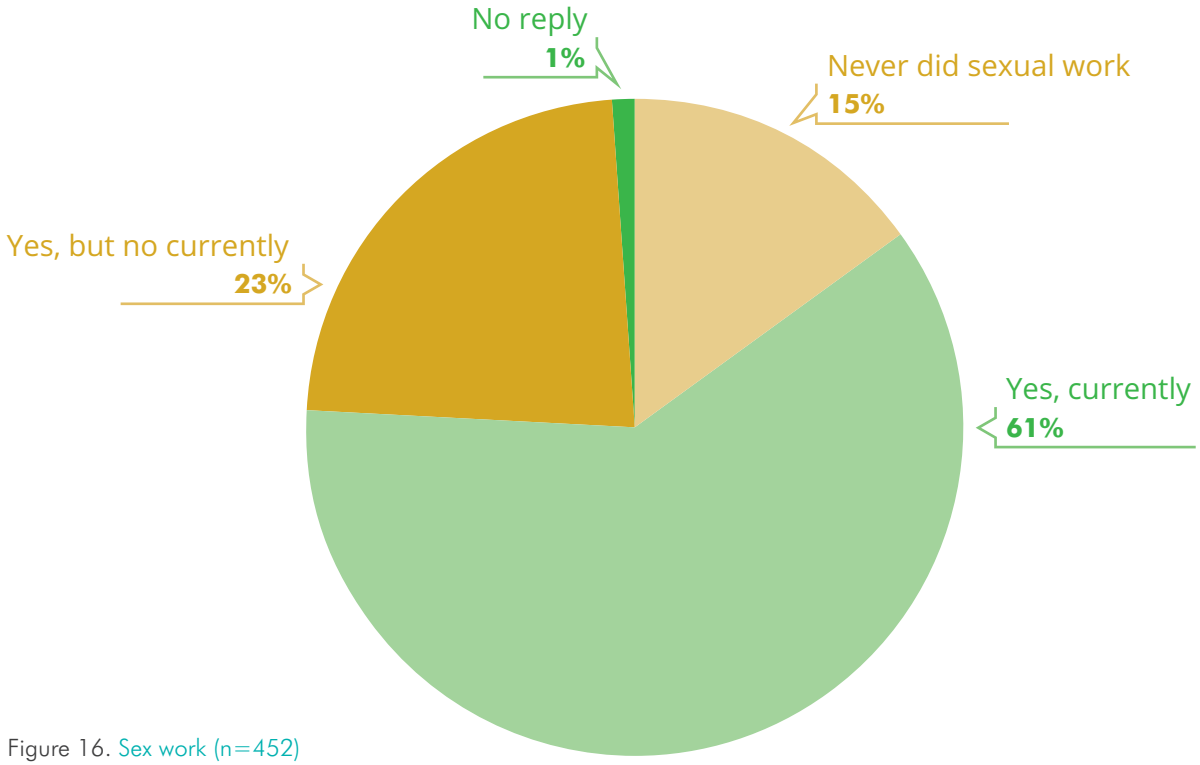

Figure 16. Sex work (n=452)

STIGMA AND DISCRIMINATION ASSOCIATED WITH GENDER IDENTITY IN THE WORKPLACE

When asked about experiences of S&D in the workplace, of the total sample of trans women (n=452), 4 out of 10 (41.6%) participants mentioned being rejected or experienced situations of discrimination by clients, and one-quarter of the sample mentioned being discriminated against by bosses and coworkers (26.2% and 25.5% respectively). Compared to other dimensions studied, such as health and education, these results were not as high; however, it should be considered that the majority of respondents were not formally employed.

Impact of the Law on the experiences of stigma and discrimination in employment

In relation to various situations of S&D in the workplace, as shown in Figure 17, the experiences decreased significantly after the enactment of the Gender Identity Law. While slightly more than half of those surveyed (54.6%) reported being denied a job opportunity based on their gender identity and 33.9% mentioned not applying for a job or a promotion to avoid discrimination, these percentages diminished to 12.5% and 3.2%, respectively, during the past 12 months. Along the same lines, a quarter of the sample (25.4%) had to quit a job due to situations of S&D before the law, but only 3.2% was found in this situation after its implementation. The results showed that 76.1% of respondents have not experienced any of the mentioned experiences of S&D since May 2012.

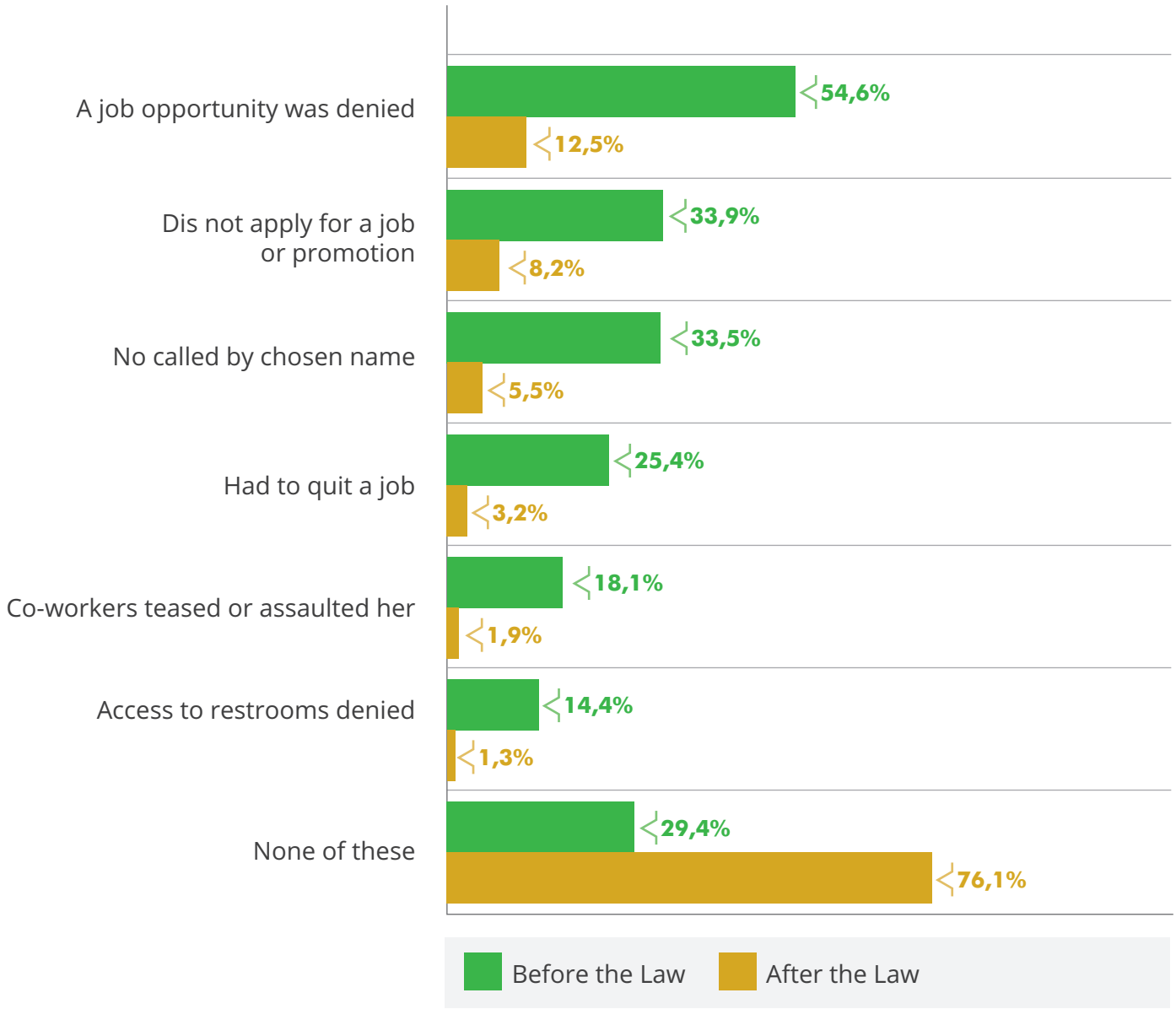

Figure 17. Experiences of S&D before and after the Law in the workplace (n=452)

There are some differences in the experiences of S&D reported before the enactment of the Law depending on participants' region; Pampeana presented a significantly lower percentage of discrimination than other regions such as CABA, NOA, and Cuyo. However, after the law, individuals from NOA reported considerably more experiences of discrimination than Pampeana or Cuyo. Moreover, trans women with poor income mentioned a significantly higher percentage of situations of S&D than middle-income participants.

It should be mentioned that only 24 participants who had experienced situations of S&D made a formal complaint, and out of these individuals, 42.9% directed the complaint to the workplace authorities, and 30.2% to the National Institute against Discrimination, Xenophobia and Racism (INADI, for its initials in Spanish), or the remaining to trans NGOs such as ATTTA.

IMPLEMENTATION OF THE GENDER IDENTITY LAW IN THE EMPLOYMENT

It is noteworthy that, since the law was passed, 3 of every 10 trans women initiated or resumed the search for new job opportunities. All inquiries about name changes in work credentials, paychecks, social security, and occupational accident insurances (ART, for its initials in Spanish) according to their gender identity were uncommon (less than 10%). However, these results should be analyzed with caution as the majority of the trans

women are still out of the formal system of employment and therefore, many of these situations did not apply to their current employment status.

In general, women over the age of 31 years reported a significantly higher proportion of name changing in credentials and paychecks than the younger individuals (p=.04). As in the aforementioned dimensions, it was observed that respondents who have a gender-congruent ID card have also taken more steps to acquire rights at workplace after the enactment of the Law than those who did not obtain a new ID. Although 58.4% of participants did not seek any change mentioned above, 74.6% of them would be willing to do so in the future.

4.3.1.4 Housing

Data regarding housing conditions shows that only the minority of trans women surveyed resided in inadequate housing and 2% reported being homeless (see Figure 18). The vast majority of the sample had a bathroom with a functional toilet (89.7%), 58.5% lived in a house, and 19.4% in an apartment. Most participants rent (41.5%) or own (37.1%) their place of residence, while 16.7% recognized themselves as free occupants and 1.6% (n = 7) as squatters or *okupas*.

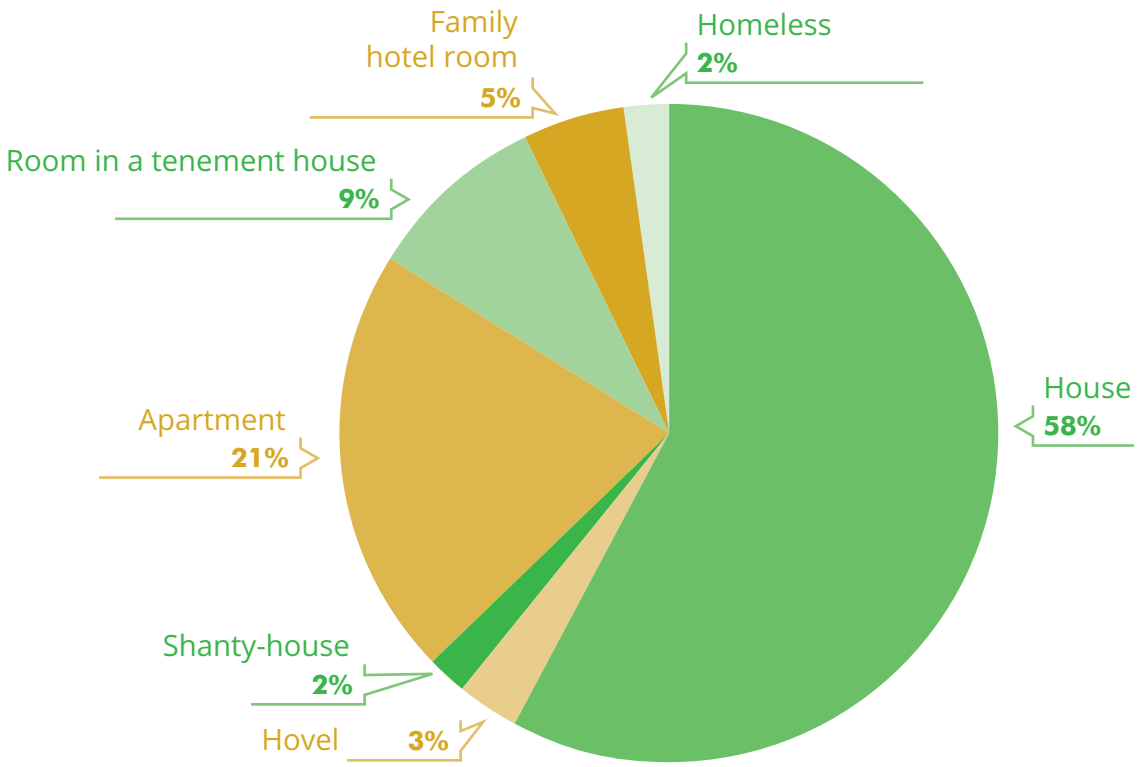

Figure 18. Type of housing (n=452)

In regard to children, 20.9% of households belonging to trans women include children between the ages of 6 and 12 years old. As reported by respondents, 31.3% of these children were not attending school at the time of the survey, although education is compulsory in Argentina. Only 5.4% (n = 23) of the sample reported having biological or adopted children. However, this percentage increased to 7.7% (n=34) when trans women were asked about the number of children in their care regardless of possessing legal custody.

STIGMA AND DISCRIMINATION ASSOCIATED WITH GENDER IDENTITY IN HOUSING

Impact of the Law on the experiences of stigma and discrimination in housing

When asked about situations of S&D in housing due to their trans identity, participants reported different experiences before and after the Law's enactment. Before the Law, 37.9% of participants were denied the opportunity to rent or buy a property, and 26.9% were forced to change their place of residence. Along the same lines, 3 out of 10 individuals have been rejected by their neighbors. While these experiences have decreased in the last year, social acceptance may take longer because 1 out of 10 people are still having problems renting or buying property (12.5%), or are still feeling rejected by neighbors (9.2%). As seen in Figure 19, having a legal framework has been very important for this population in terms of housing, and the majority of people (73.5%) have not experienced any of the aforementioned situations in the past year. Among those who have experienced discrimination, less than 10% have presented a formal complaint and among those who did, 3 out of 10 have done so with the help of a private lawyer (32.8%), the authorities of the institution or establishment (30.7%), or with the INADI (29.2%).

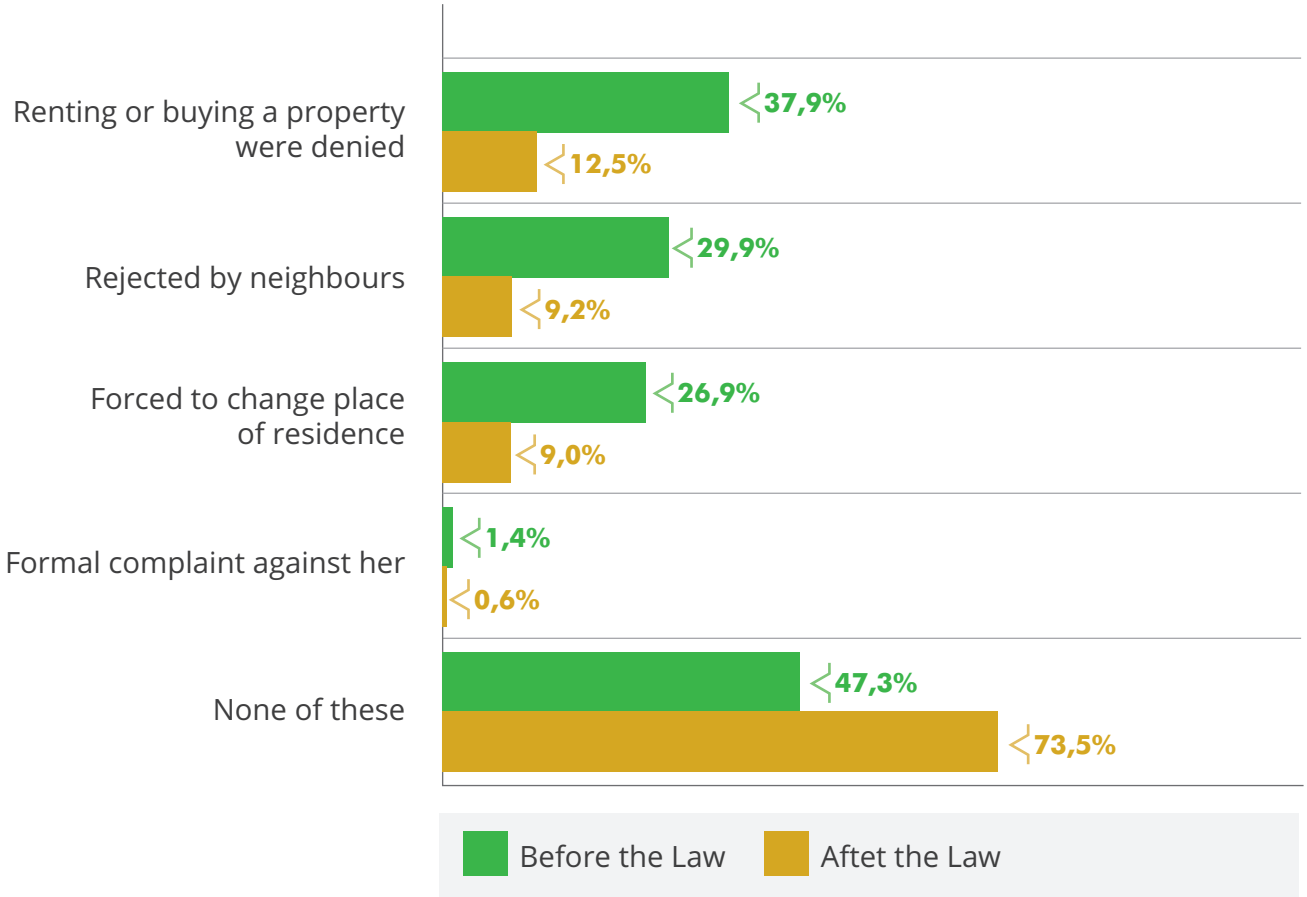

Figure 19. Experiences of S&D before and after the Law in hoursing (n=452)

IMPLEMENTATION OF THE GENDER IDENTITY LAW IN HOUSING

When asked about changes in terms of housing after the enactment of the Gender Identity Law, 8 out of 10 people did not take any step to acquire new housing-related rights (79.5%). Only 36 of the 452 trans women interviewed mentioned signing a rent contract with their name of choice (7.7%), and 29 have applied to social housing (5.6%). Some differences were observed by region; those of NEA had significantly higher access to social housing than inhabitants of the remaining regions. After the enactment of the law, those who have a gender-congruent ID card have made more changes in relation to housing than those who have not obtained an ID with their gender identity.

It is possible that some of these rights have not been exercised because of lack of knowledge. In fact, 65.9% of the participants mentioned a willingness to take some steps to acquire these rights in the future. In particular,

some of these changes, such as the application for a mortgage loan, require bureaucratic approval and formal financial solvency, which are frequently not possible for trans populations because of their precarious employment situations.

4.3.1.5 Political and civil rights

IMPLEMENTATION OF THE GENDER IDENTITY LAW WITHIN THE FRAMEWORK OF POLITICAL AND CIVIL RIGHTS

Access to political and civil rights has differed before and after the adoption of the Gender Identity Law. Prior to May 2012, only 19 out of 452 participants had changed their ID and the vast majority (85.7%) had not changed their birth certificates; neither got married nor adopted a child. However, as Figure 20 illustrates, this situation has changed since the Law's implementation: 6 out of 10 respondents changed their names in the birth certificates and their ID cards. NOA presented significant fewer ID changes than the rest of the regions. In addition, 38.6% of the sample has also changed their names in or has acquired a social security number (CUIT/CUIL as used in Argentina)[11]. Regarding marriage and adoption of children, the percentages remain low (less than 3%). While only one person mentioned adopting a child prior to the Law, 10 trans women have done in the past year.

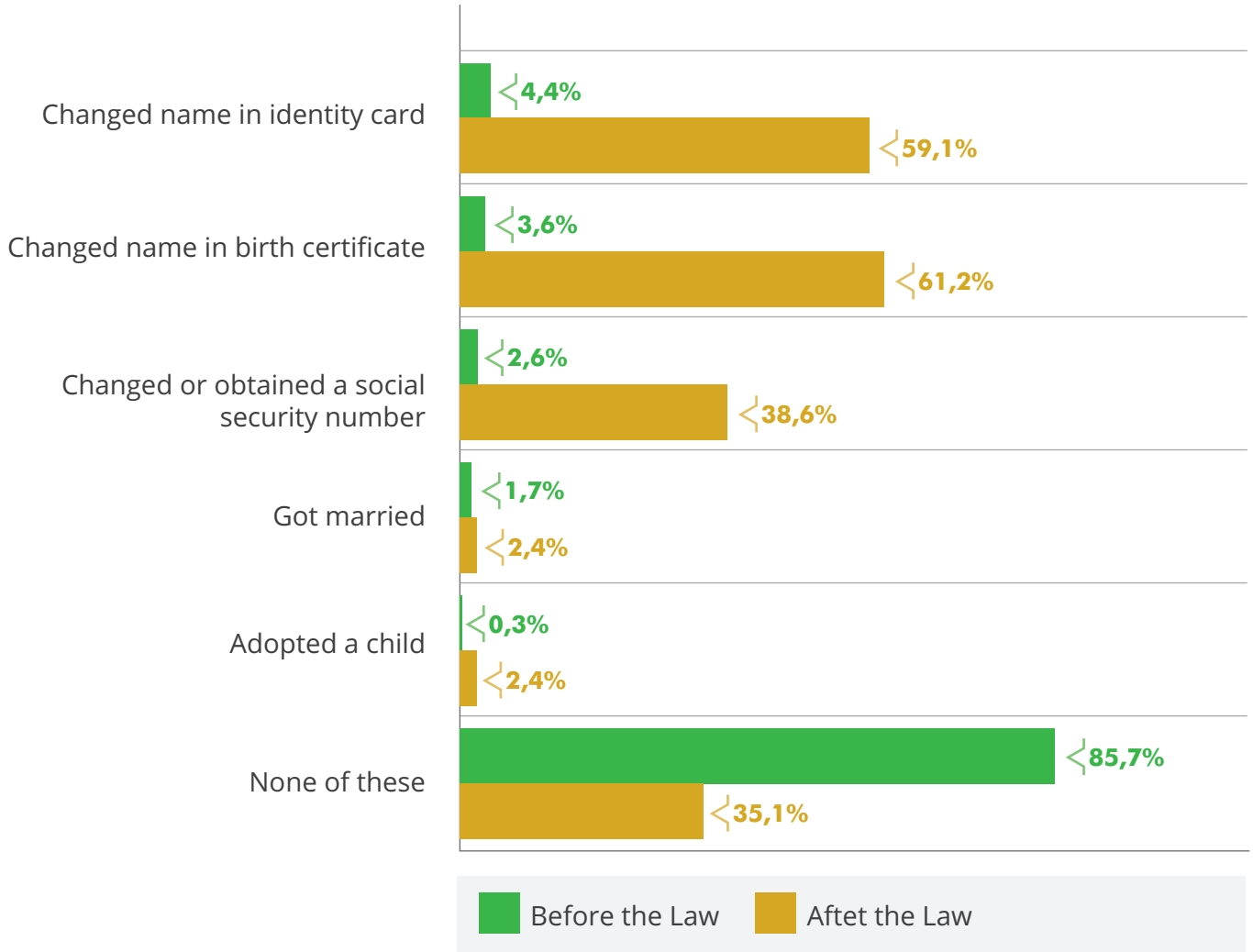

Figure 20. Steps taken to acquire civil and political rigths guaranteed by the law (n=452)

11 In Argentina, every person who is formally working, whether independently or employed by another person/company, needs to acquire a CUIT/CUIL number. That is, the 'Unique Code for Taxpaying Identification' and the 'Unique Code for Laboral Identification' that are link to their national identification number.

Of those participants who did not obtained a gender-congruent ID card (n = 159), the majority (79.6%) would be willing to do so in the future.

STIGMA AND DISCRIMINATION IN PUBLIC OFFICES DURING THE PROCESS OF SEX RECTIFICATION

Acerca de las experiencias de E&D debido a su identidad trans en oficinas públicas al hacer diferentes tipos de trámites o reclamos, poco más de un tercio (36,4%) ha tenido dificultades. Al preguntar por dificultades para gestionar el cambio registral de sexo, sólo una minoría mencionó que se les pidió dinero a cambio (n=11); documentación adicional (n=10); ser acompañado por un abogado (n=7); la presentación de una evaluación psicológica (n=6); y, en algunos casos, directamente les negaron la posibilidad de realizar el trámite (n=8).

Cabe destacar que sólo el 13,6% de aquellas personas que han tenido problemas presentaron una queja formal sobre estas situaciones y en la mitad de los casos fue ante las autoridades de la institución u organismo donde ocurrió (51,9%). Los restantes casos generalmente se han dirigido a un abogado particular, una ONG o al INADI casi en la misma proporción.

INSTITUTIONAL VIOLENCE / SECURITY FORCES

Of the surveyed trans women, the majority (79.5%) has been arrested by security forces at some point in their lives. Of these (n=355), 8 out of 10 were arrested due to sex work and 6 out of 10 for a criminal background investigation. Only 4.1% of the participants were arrested for drugs-related offences. Older respondents compared with those younger than 31 years had more police arrests before the enactment of the Law, likely this is because younger people were born during the democracy period.

Impact of the Law on the experiences of stigma and discrimination with security forces

It is to be concerned the high frequency of experiences of S&D associated with security forces that trans women suffered prior to the enactment of the Gender Identity Law. Almost every person interviewed (97%) reported enduring S&D. As shown in Figure 21, 7 out of 10 participants were arrested longer hours than non-trans people; have been searched by a male police officer; and 58.5% has been deprived of some right such as calling a lawyer. Although these situations have significantly decreased in the last year; there is still a 12% who reported experiencing them after the enactment of the Law..

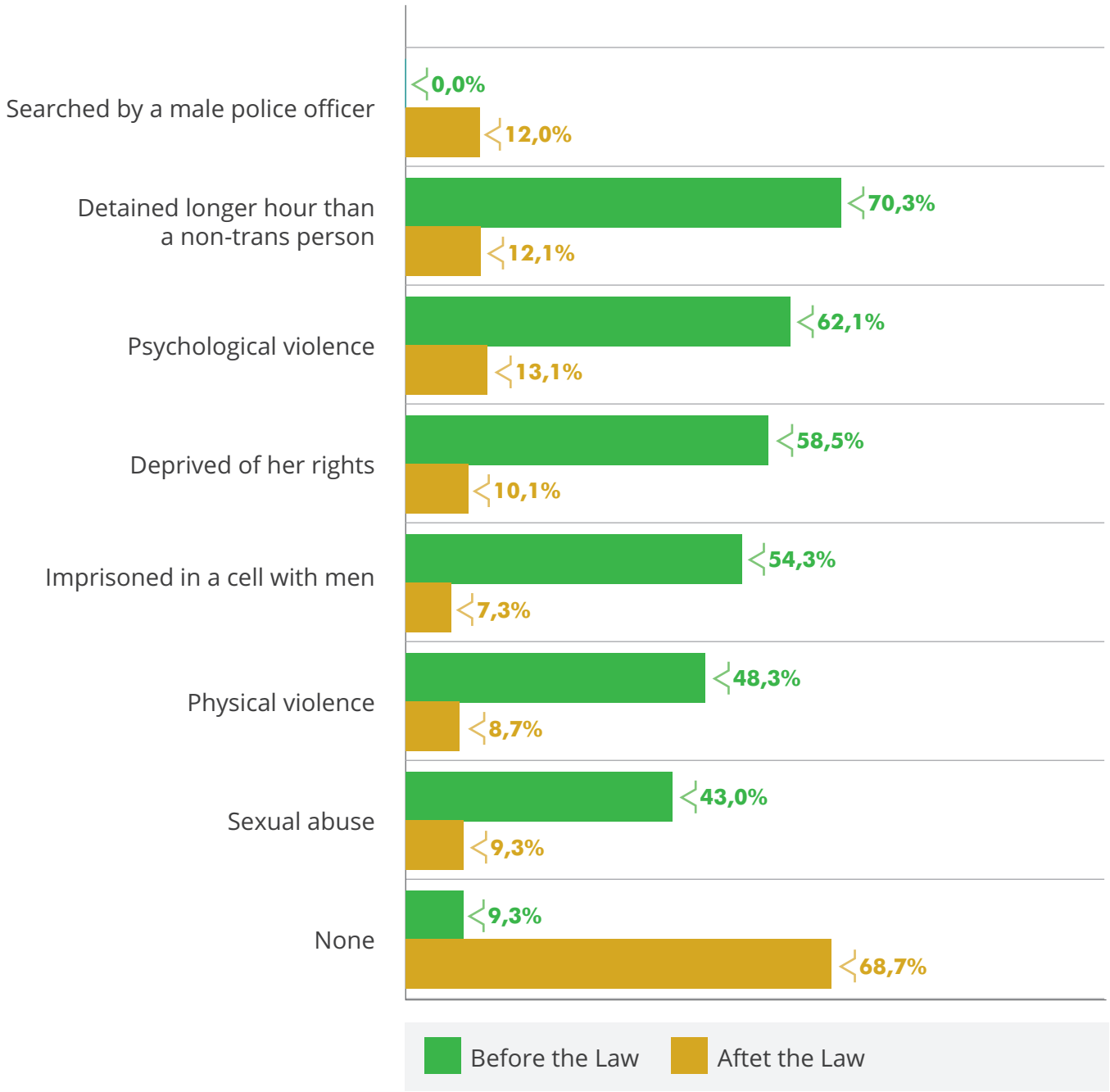

Figure 21. Institutional violence by security forces before and after the Law (n=452)

Regarding police violence, 62.1% of the participants who were arrested reported verbal abuse, such as humiliation, threat, or insult by a police officer; 48.3% suffered physical violence, such as being beaten or kicked by a police officer; and 43% reported sexual abuse, that is being forced by a police officer to have sex against her will. Since the enactment of the Law these experiences of S&D have considerably decreased to less than 10% in physical and sexual abuse. Having a gender-congruent ID card seems to function as a protective factor as participants who have changed their names endured fewer situations of police discrimination than those who did not receive a new ID card (p=.02).

Of those who mentioned situations of S&D (n=317), only 19.8% has presented a formal complaint. Unlike other dimensions such as health and education where complaints have been mainly directed to the institution authorities, complaints about security forces behavior were presented evenly to private lawyer (39.2%); authorities (35.6%), NGOs (28.5%) and INADI (28%).

4.3.1.6 Change management to faced stigma and discrimination

IMPACT OF THE LAW ON THE EXPERIENCES OF STIGMA AND DISCRIMINATION

In relation to the experiences of S&D in public, social and family environments, of the 452 trans women interviewed, 9 out of 10 have suffered some sort of S&D prior to the enactment of the Gender Identity Law. Regarding situations of social discrimination by strangers, participants most frequently reported being the target of gossip/murmurs (77.7%); and being insulted and verbally harassed or threaten (60%). Additionally, almost half of the respondents suffered physical assaults (48.5%) and physical harassment or threatens (46.7%). Younger individuals reported significant fewer situations of social discrimination prior to the Law than their older counterparts (p=.03). These S&D situations occurring in public locations have declined since May 2012, but still a quarter of the trans women reported being insulted or verbally threatened in the past year.

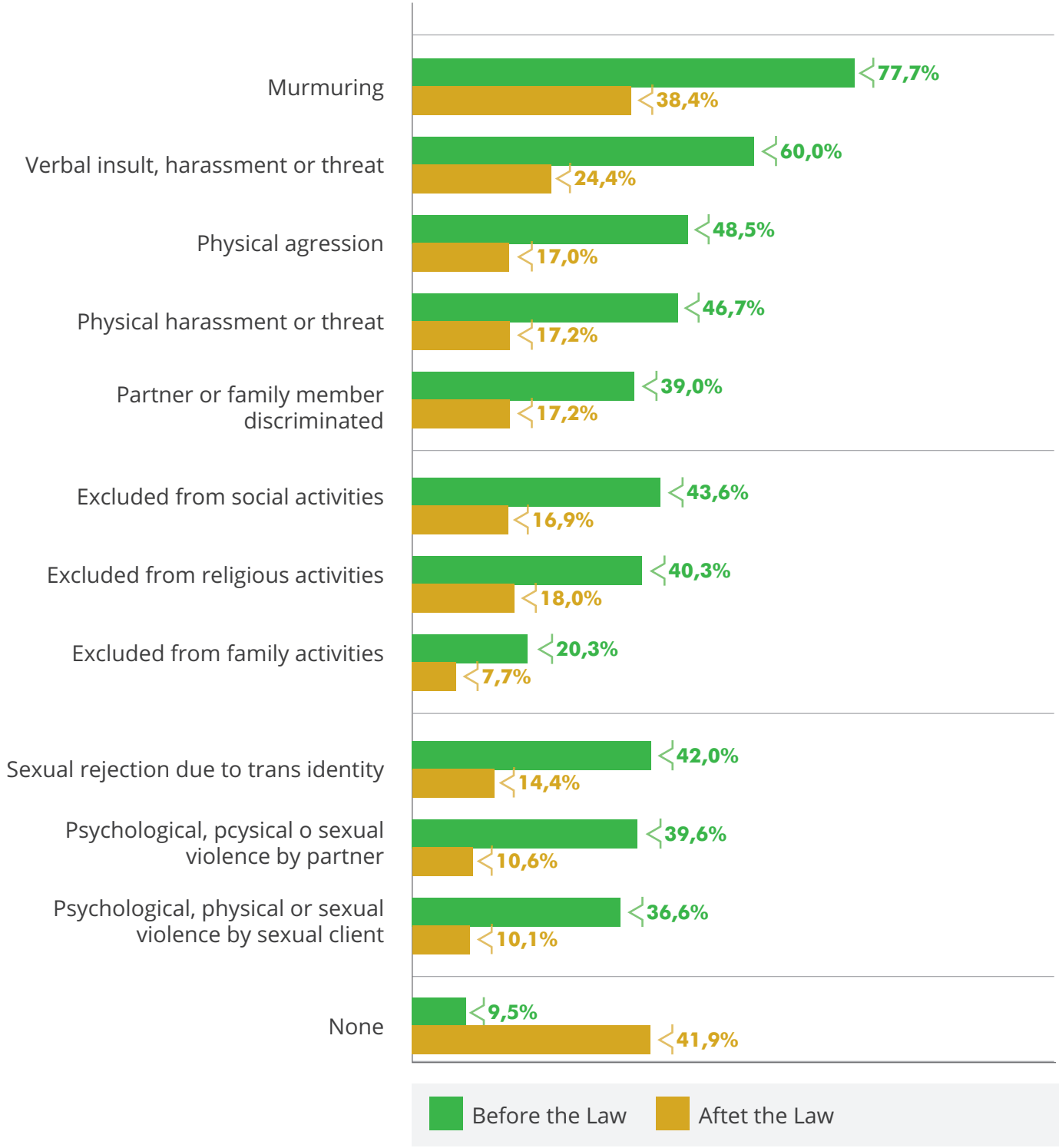

Figure 22. Experiences of S&D in public places and family and social gatherings before and after the Law (n=452)

As shown in Figure 22, 4 out of 10 respondents have been excluded from social events such as weddings, parties and funerals; as well as from religious activities or places of worship. In accordance with previous results, these experiences have decreased in the past year. In relation to sexual partners, 4 out of 10 respondents (42%) have been sexually rejected because of their trans identity; 39.6% have suffered gender violence (psychological, physical, or sexual) by their partner; and 36.6% have experienced violence by sexual clients. After the Law's enactment, still 1 out of 10 trans women have experienced this type of violence. Moreover, 6 out of 10 people have lived some of the S&D situations depicted in Figure 22. These results lead to the conclusion that changes in social attitudes toward trans people may take longer and be slower than desired; and therefore, highlight the need to work on increasing public awareness of sexual diversity.

Internal stigma and self-exclusion behavior

When asked about the emotions associated with their trans identity, participants exhibited high levels of internalized stigma. More than one-third of respondents mentioned embarrassment (38%); low self-esteem (28%); and guilt (22.7%). Importantly, 28.7% of the sample reported suicidal ideations and 31.5% suicide attempts. The modal age at the time of the attempt was 16-year-old. These percentages are higher than the ones reported by general population and depict the emotional vulnerability of trans individuals during puberty/adolescence.

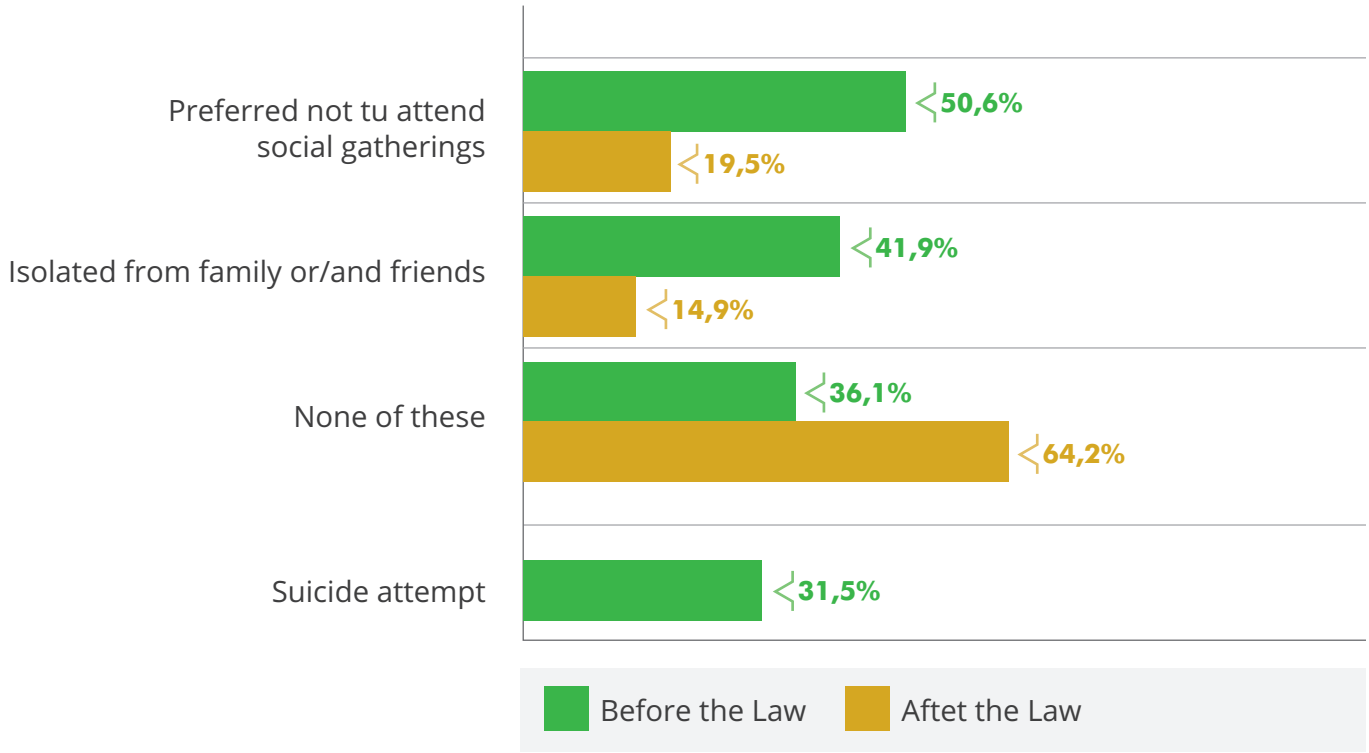

Figure 23. Self-exclusion behaviour before and after the Law (n=452)

As shown in Figure 23, the self-exclusion behaviors were common among trans women interviewed, and 5 out of 10 respondents refused to participate in social gatherings and 4 out of 10 individuals were isolated from family and friends because of their trans identity. After the enactment of the Gender Identity Law, these behaviors have decreased, and the difference is stronger among participants who have a gender-congruent ID card compared to those individuals who did not change their name in the ID.

This self-exclusion and similar behaviors have resulted from the fear of living in situations of E&D. Before the Gender Identity Law trans women feared: being the target of gossip/murmur (66.8%); insulted and verbally threatened or harassed (61.9%) and even physically threatened or harassed (53.8%). Both self-exclusion behaviors and fears of being discriminated against were significant less frequent in Patagonia than in regions such as CABA and Conurbano.

In general, these fears have deminished in the last year. As observed in the qualitative study, one of the most significant impact of the Gender Identity Law has been the greater empowerment of this population and the change on the stand to face experiences of S&D. As Figure 24 illustrates, positive changes are observed in the last year, however, there is still work to be done in relation to the empowerment of this popultaion.

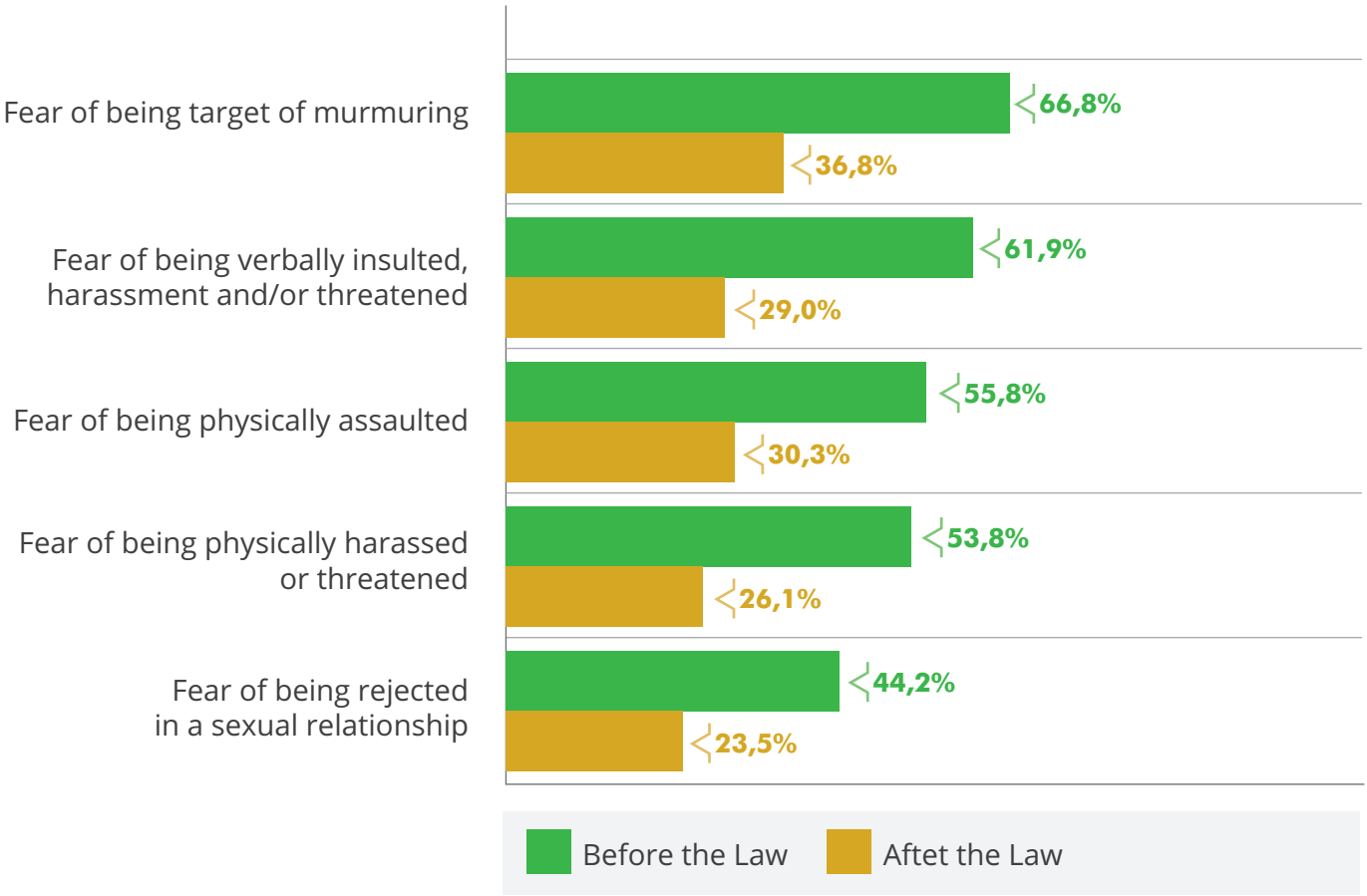

Figure 24. Fears out of discrimination before and after the Law (n=452)

CHANGE MANAGEMENT TO FACE STIGMA AND DISCRIMINATION

The vast majority of the 452 trans women who participated in the study (87.5%) knew a network or organization to contact if they suffer discrimination due to their gender identity. Respondents from CABA and Conurbano knew more organizations and support groups for trans people than individuals from NEA and Patagonia.

At least one-third of the sample requested the assistance of these networks or organizations to resolve an issue of discrimination. Notably, most participants recognized ATTTA (93.8%) and to a lesser extent INADI (70.5%) as places that can resolve a situation of discrimination. Since the enactment of the Law, almost 4 out of 10 participants (38%) have experienced a situation of S&D: 188 legal cases have been initiated, of these, 39.4% has been already resolved and 25% were still in process at the moment of the study.

Of the total, 38.8% participants are members of a support group and/or network of trans people, and this occurrence is more frequent in CABA than other regions. As shown in Figure 25, when participants were asked which topic should inspire trans organizations, 6 out of 10 trans women mentioned the defense and promotion of rights; almost half of the sample (47%) emphasized increasing public awareness and knowledge about sexual diversity; and 36.4% mentioned the need to continue educating about health, HIV and other STIs.

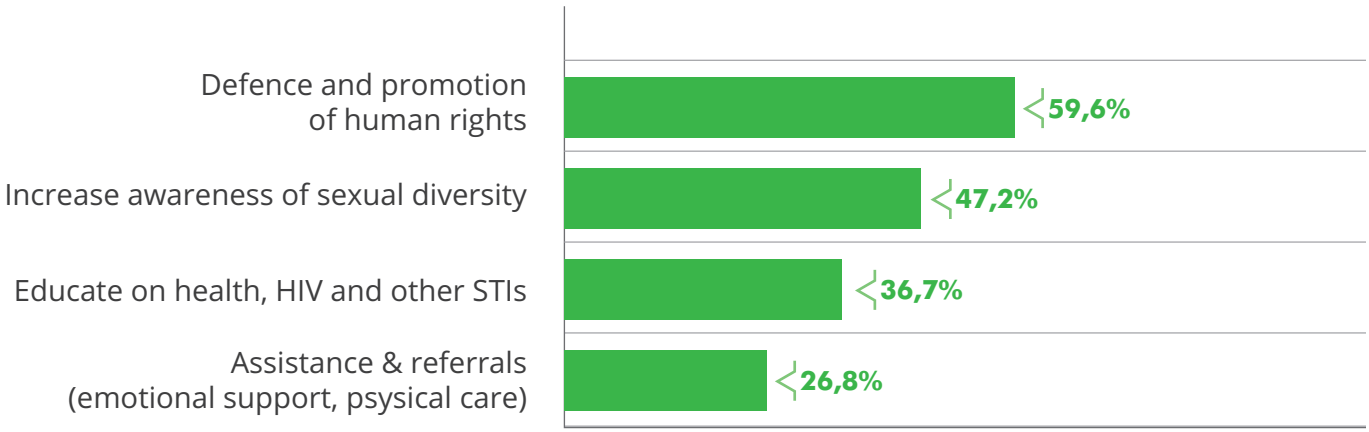

Figure 25. Trans NGO's objectives for the future (n=452)

4.3.2 TRANS MEN

4.3.2.1 Healthcare

Regarding healthcare access, 7 out of 10 trans men (70.8%) reported having no additional healthcare coverage besides that provided by the government. This situation is similar to trans women. Among trans men, 26.8% of the participants have social security and 7.6% have a pre-paid medical emergency service. Despite this, the majority of the 46 respondents (77.1%) have attended a medical consultation during the past year. Among those who did not attend a health care center (n = 10), the most frequent reason was 'not considering it necessary' (67.4%).

KNOWLEDGE AND DIAGNOSIS OF HIV/AIDS AND OTHER STIS

Of the 46 participants, 44 reported being sexually active. The average age for the first sexual relation was 15.61 years (SD= 2.1), with a range between 10 and 20 years. Only 2 people had their first sexual relation when they were less than 13 years old.

When asked about STI knowledge, only one person did not recognize HIV as an STI (see Figure 26). However, other STIs were less recognized by respondents: 65% cited syphilis and 44.3% HPV. Of all participants, 4 could not name any STI. Only 2 out of 10 sexually active trans men (24.7%) have been diagnosed with one or more STIs, unlike trans women of whom half have been diagnosed. Among the sexually active trans men, 3 had syphilis, and the other participants were diagnosed with herpes, hepatitis, chlamydia or gonorrhea. Out of the 9 individuals with STIs, 7 received medical treatment.

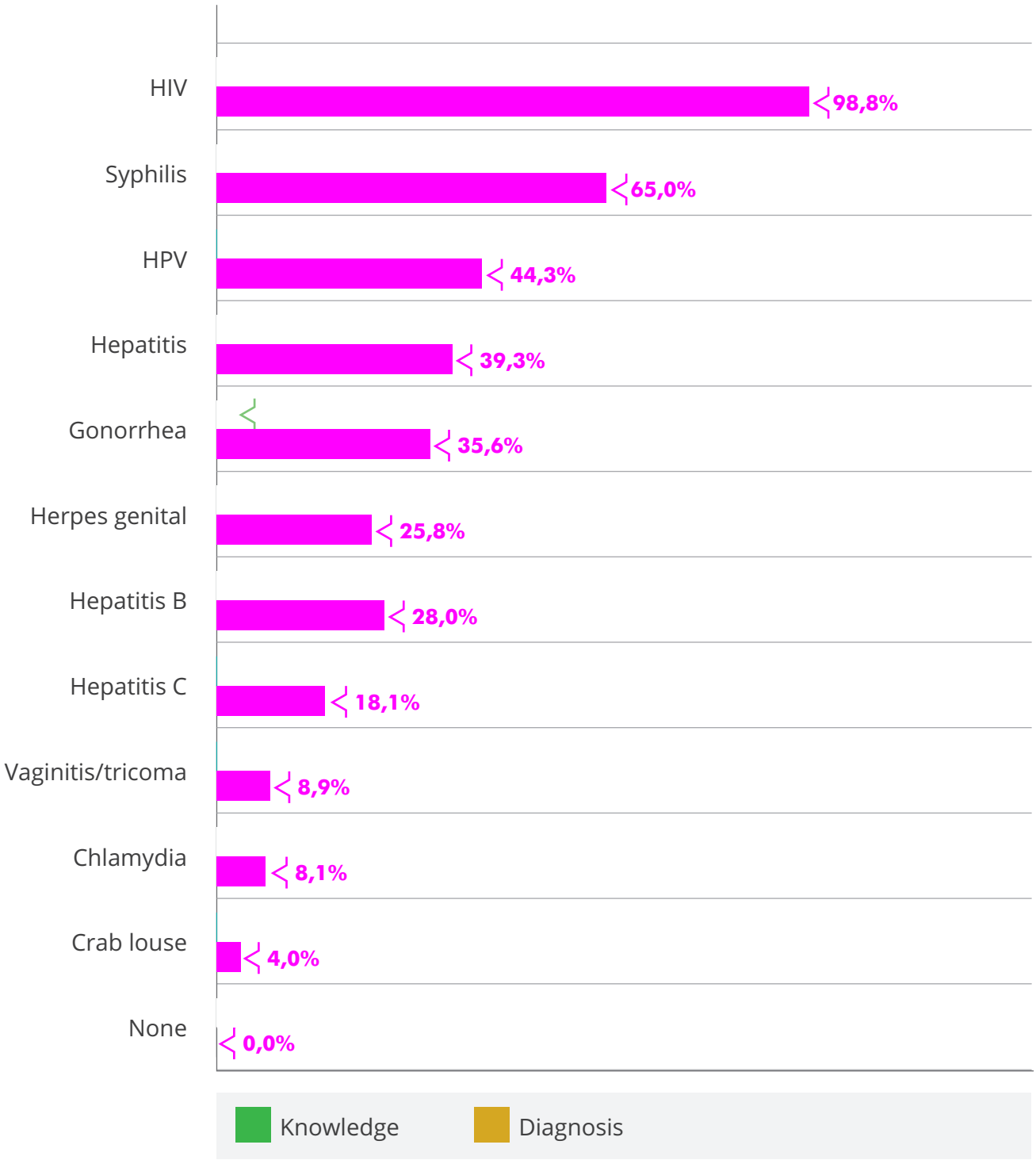

Figure 26. Knowledge (n=46) and Diagnosis (n=44) of STIs

In relation to HIV, 7 out of 10 sexually active trans men have been tested for HIV. In general, testing was performed in a public health center (67.7%), a private facility (29%), or an NGO (16.1%). Only one participant was HIV positive. The most frequent reasons for testing included: a routine check-up (54.8%) or 'request by my physician' (25.8%). Of these, 51.6% mentioned that they received counseling prior to testing and 58.4% after receiving the test result. Among those who did not test for HIV (n = 13), the most common reason was 'I don't consider myself at risk.'

Knowledge of HIV and routes of transmission of HIV/AIDS

Almost all participants (93.8%) identified the male condom as a method of prevention, and to a lesser extent, female condoms (25.3%) and latex barriers (23.1%). As shown in Table 3, trans men generally exhibit high levels of knowledge about HIV and its modes of transmission, even regarding mother to child transmission, of which trans women were less knowledgeable.

Table 3. HIV knowledge and routes of transmission (n = 46)

	No	Yes	No Reply
You can reduce your risk of getting HIV by using condoms at every sexual relationship	0	**100% (46)**	0
You can get HIV from a mosquito bite	**86,5% (39)**	7,6% (4)	5,9% (3)
You can get HIV by sharing food	**87,2% (41)**	10,5% (4)	2,3%(1)
You can get HIV by sharing a 'mate straw'	**95,6% (44)**	4,4% (2)	0
You can get HIV by using a syringe already used by someone else	6,4% (3)	**93,6% (43)**	0
A person living with HIV looks healthy	14,6% (6)	**79,5% (37)**	5,9% (3)
HIV can be transmitted from mother to child during pregnancy	21% (9)	**75,4% (35)**	3,6% (2)
HIV can be transmitted during childbirth	23,6% (10)	**61,6% (29)**	14,8% (7)
HIV can be transmitted through breast milk	39,2% (18)	**45,3% (21)**	15,5% (7)
Teachers who has HIV but are not sick should be allowed to continue working at school	7% (3)	**89,4% (41)**	3,6% (2)
If both members of a couple have HIV, they have to use condoms when having sex	33,7% (16)	**64,8% (29)**	1,5% (1)
You can get HIV in pools, showers or bathtubs	**90,5% (42)**	9,5% (4)	0
You can get HIV by sharing restrooms/toilet	**78,4% (36)**	21,6% (10)	0
You can get HIV by sharing towels or clothing	**95,4% (44)**	2,8% (1)	1,9% (1)
You can get HIV through saliva or kissing	**96,2% (44)**	1,9 %(1)	1,9% (1)

Type of partner and condom use with different sexual partners

Among sexually active participants, 6 out of 10 trans men (61.7%) have a stable sexual partner. Most relationships lasted for 5 years (mode). The majority of participants (83.3%) have a female partner and 8% mentioned having a trans partner. Of the 44 sexually active participants, 69.3% have casual sexual relations. While most relations are with women (86.3%), 17.8% of participants mentioned having casual sexual relations with men and 13.5% with another trans person. Unlike trans women in which 82.7% of respondents exchanged sex for money or presents , only 13.9% of trans men mentioned having this type of relationship, both with men and women with a similar frequency.

Although the survey included questions regarding condom use, the corresponding results are presented in the report. As a limitation of the study, the questionnaire did not inquire about less common forms of STI prevention, such as latex barriers. As a result, the data does not allow for a coherent analysis of the preventative measures used by trans men.

New prevention technologies

Of the 45 trans men who have not been diagnosed with HIV, 63.3% mentioned that they would prefer to receive a rapid HIV test to a conventional test, which requires between 7 to 20 days. All participants who have not been diagnosed with HIV would be willing to start antiretroviral therapy immediately if diagnosed with HIV, particularly as a way to prevent transmission. Similar to trans women, trans men show high acceptability of treatment as a prevention strategy.

In terms of potential new prevention technologies, 46.6% of the participants would be willing to use microbicides if they were available on the market. However, if they were not as effective as condoms, more than half (56.6%) would prefer to continue using only condoms and 30.4% would simultaneously use both methods (see Figure 27). Along the same lines, 43.8% of HIV negative respondents would be willing to take a daily pill to prevent HIV (pre-exposure prophylaxis, PrEP). However, if this prophylaxis was not as effective as condoms, half (52.3%) of participants would continue using only condoms and 27.1% would simultaneously use both methods. Although trans men are more likely than trans women to use new prevention techniques, the acceptability of these techniques is strongly associated with their efficacy.

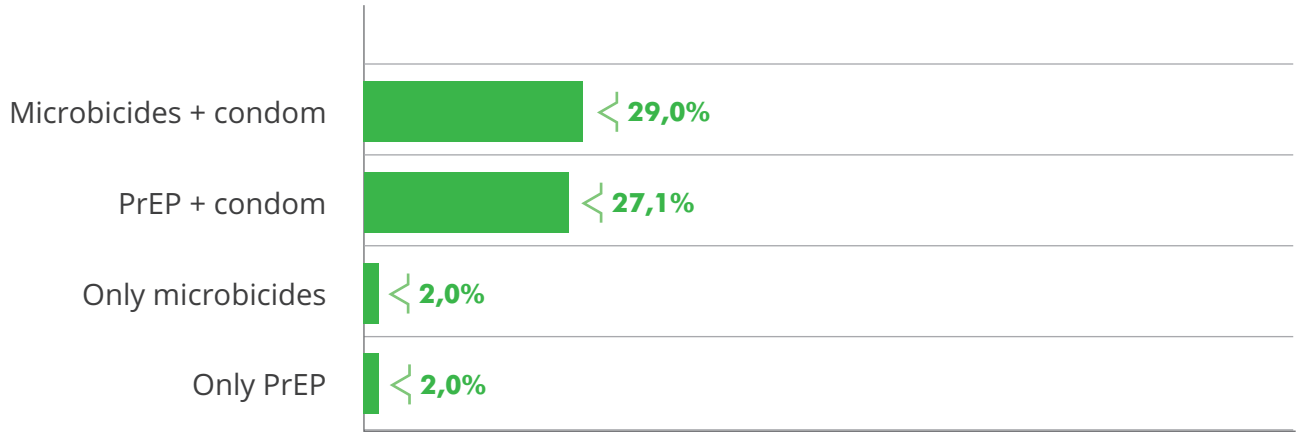

Figure 27. Mode of use of PrEP (n=45) and Microbicides (n=46)

HIV care and disclosure

When asked about HIV-related issues, the only HIV-positive participant stated that he disclose his diagnosis to his parents and friends. Regarding his healthcare, he did not consult with an HIV specialist during the past year neither performed the labs required, not knowing his viral load's results. He frequently respects his physician and is satisfied with the medications prescribed. When asked if experienced S&D situations in healthcare centers because of his HIV status, he stated that he has been discriminated against by administrative personnel, physicians, nurses, other health professionals (such as psychologists or social workers) as well as by other patients and/or trans people.

TRANSFORMATION PROCESS

The transformation process allows trans people to adapt their physical appearance to their gender identity. Of the trans men that participated, 33.7% have received a hormone treatment in some point in their lives. Of these men, approximately half conducted the treatment by themselves (49.5%) and only 38.1% under medical supervision. Of the 46 trans men, 7 had undergone a mastectomy and only 2 individuals sought sex reassignment surgery. These interventions were performed by a physician.

Implementation of the Gender Identity Law in Healthcare

Since the enactment of the Gender Identity Law, more than half of the interviewees (53.2%) consulted an endocrinologist according to the integral health care for trans people, as shown in Figure 28; 4 out of 10 people have consulted for hormonization treatment (42.8%), and 28% consulted for mastectomies. Among the 15 who did not seek a medical consultation, 67% would be willing to consult a physician regarding these topics in the future.

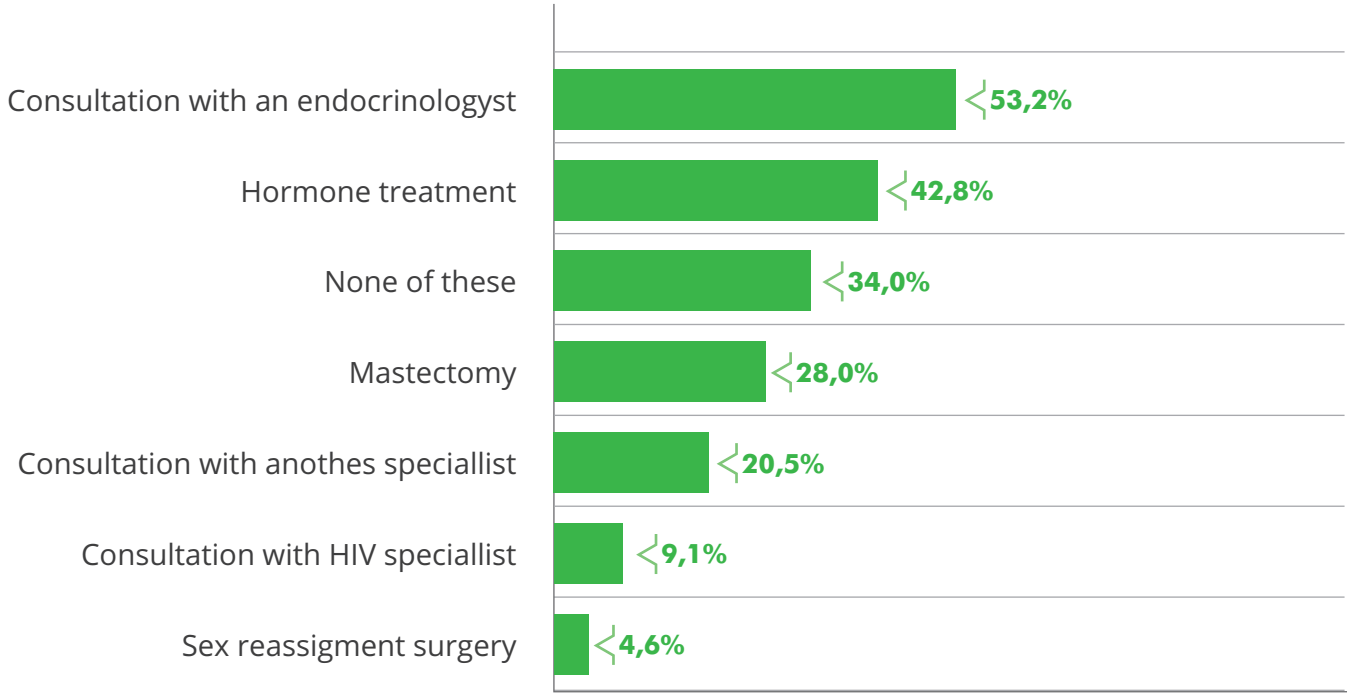

Figure 28. Steps taken to acquire rights guaranteed by the law in healthcare (n=46)

STIGMA AND DISCRIMINATION IN HEALTHCARE

When asked about S&D experiences due to their gender identity, 45% of respondents have been discriminated against by physicians, followed by administrative personnel (40.1%), nurses (28%), and other professionals such as psychologists (24.4%). In the same manner 1 out of 10 participants (12%) has experienced discrimination by other patients, /as shown in Figure 29.

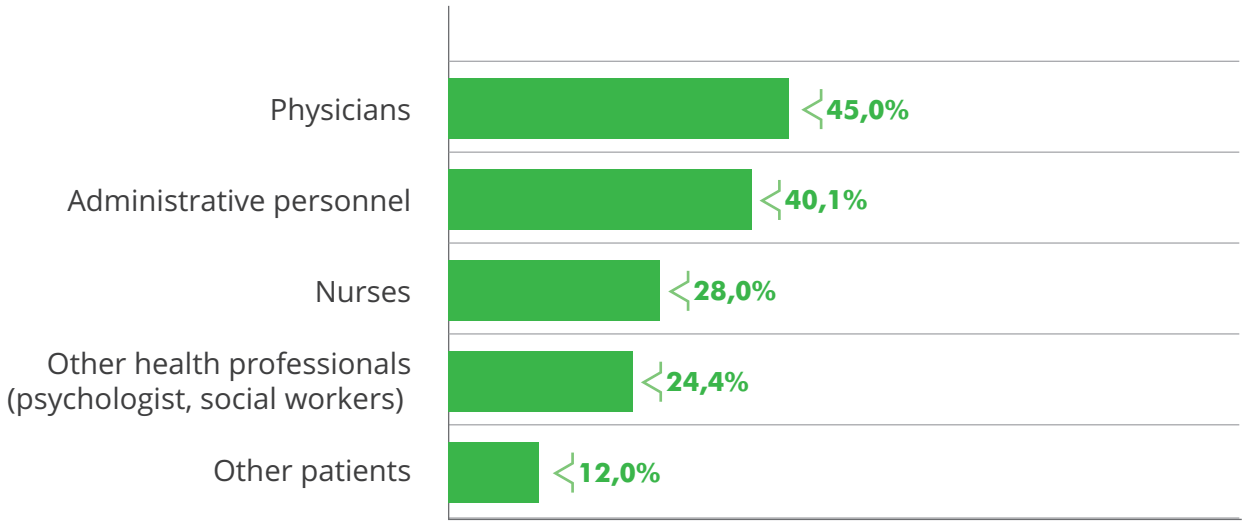

Figure 29. Origin of experiencies of S&D related to gender identity (n=46)

Impact of the Law on stigma and discrimination experiences in healthcare settings

When asked about specific situations of S&D experienced in healthcare settings before and after the enactment of the Gender Identity Law, we observed great differences in the experiences reported (see Figure 30). While 58.2% of the 46 interviewed avoided attending a health center before the Law for fear of discrimination, this percentage diminished to 12.1% during the past year. Similarly, 43.6% mentioned not being called by their name of choice; however, this percentage reduced to 13.1% after the Law's enactment. In general, the Gender Identity Law facilitated improved healthcare access for trans men, and 67% of respondents have not experienced S&D situations since the Law's enactment.

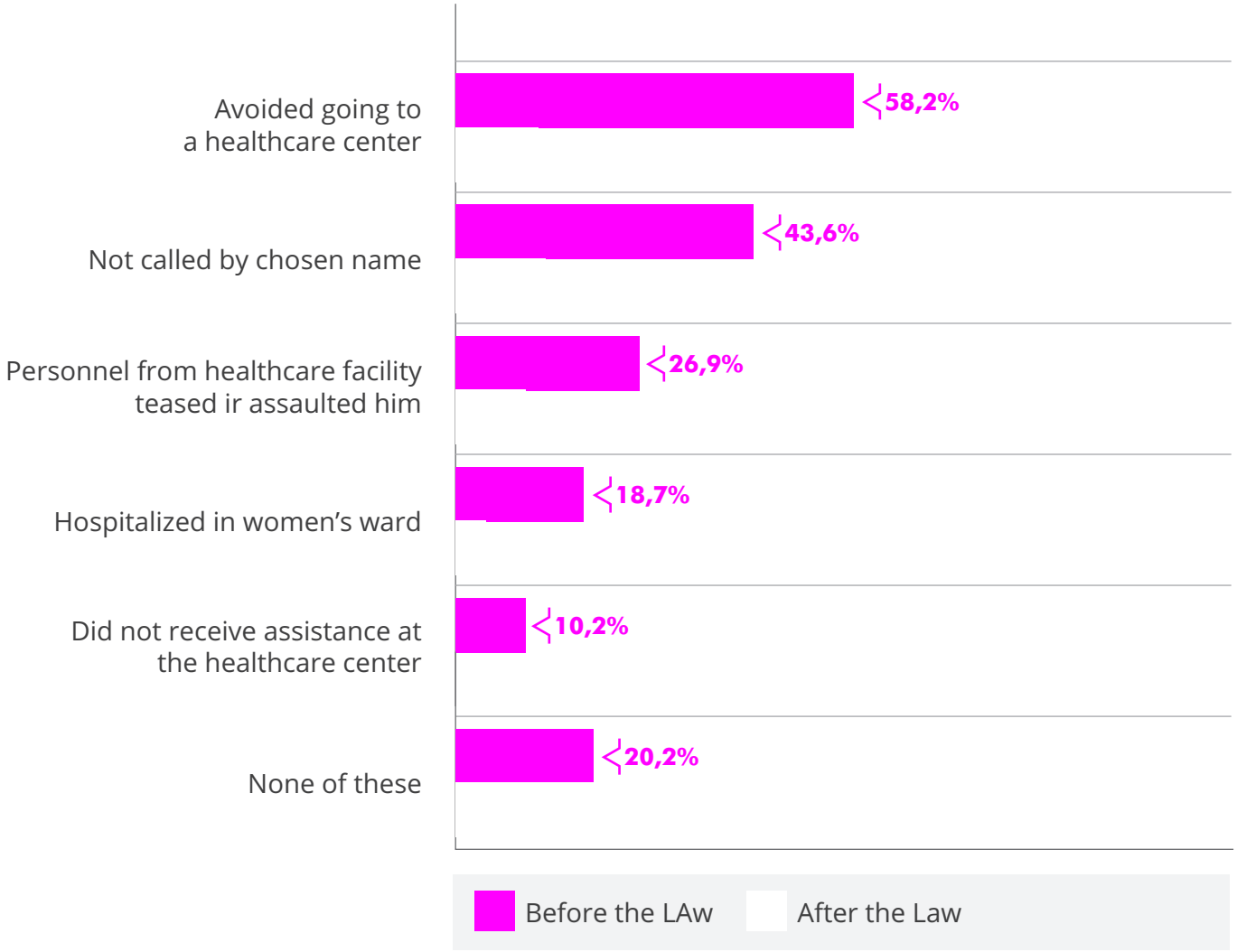

Figure 30. Experiences of S&D before and after the Law in Healthcare (n = 46)

Out of the 39 trans men who have been discriminated against in healthcare centers, only 10.6% presented a formal complaint, and the majority (73.5%) did so before the institution's management or authorities.

4.3.2.2 Education

All trans male participants are literate (n = 46). Only one individual was under 18 years of age and was attending high school at the time of the survey. Among those who are more than 18 years old (n = 45), slightly more than half (55.5%) were not attending an educational institution at the moment of the study. Among those who were not receiving a formal education (n = 29), the modal education level was incomplete high school (72.4%), lower than what would be expected for this age group. The 28.8% of the 45 participants over 18 years were attending school or another educational institution. Of these participants, 7 were studying elementary or high school, and 6 individuals were learning at a collegiate or higher education level.

STIGMA AND DISCRIMINATION ASSOCIATED WITH GENDER IDENTITY AT EDUCATIONAL SETTINGS

Regarding S&D experiences in schools or formal education establishments, 6 out of 10 respondents (66.4%) have been discriminated against by fellow students and 5 out of 10 (53.6%) by teachers of these establishments, as shown in Figure 31. Similar to trans women, trans men have been discriminated against by principals and headmasters (42.5%), administrative and maintenance personnel (27%), and to a lesser extent, other school professionals such as psychologists (12.7%).

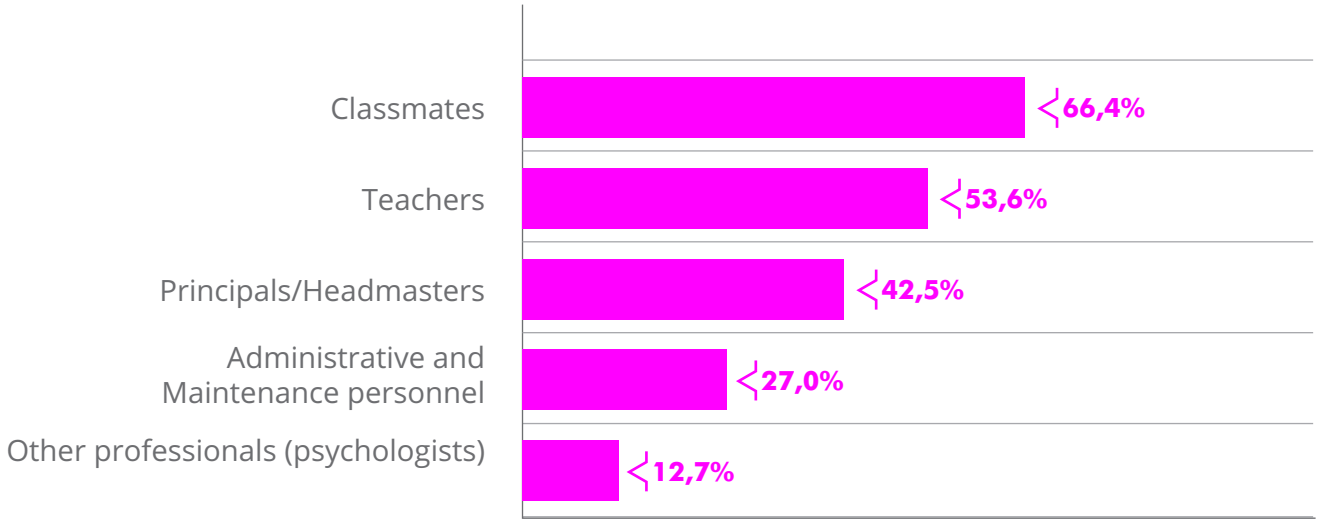

Figure 31. Origin of experiencies of S&D related to gender identity in education (n=46)

Impact of the Law on experiences of stigma and discrimination in education

When asked about specific situations of S&D in education, participants reported different frequencies of these experiences before and after enactment of the Gender Identity Law (see Figure 32). While 47.2% of the sample reported dropping out of school and 30.7% mentioned not having taken an educational opportunity, these numbers significantly reduced to 10% after the law. Similarly, situations such as being teased or assaulted by teachers were reduced, as well as situations where trans men were denied access to restrooms. It is worth noting that 8 out of 10 people do not report any of the above situations of S&D since the law has been enacted.

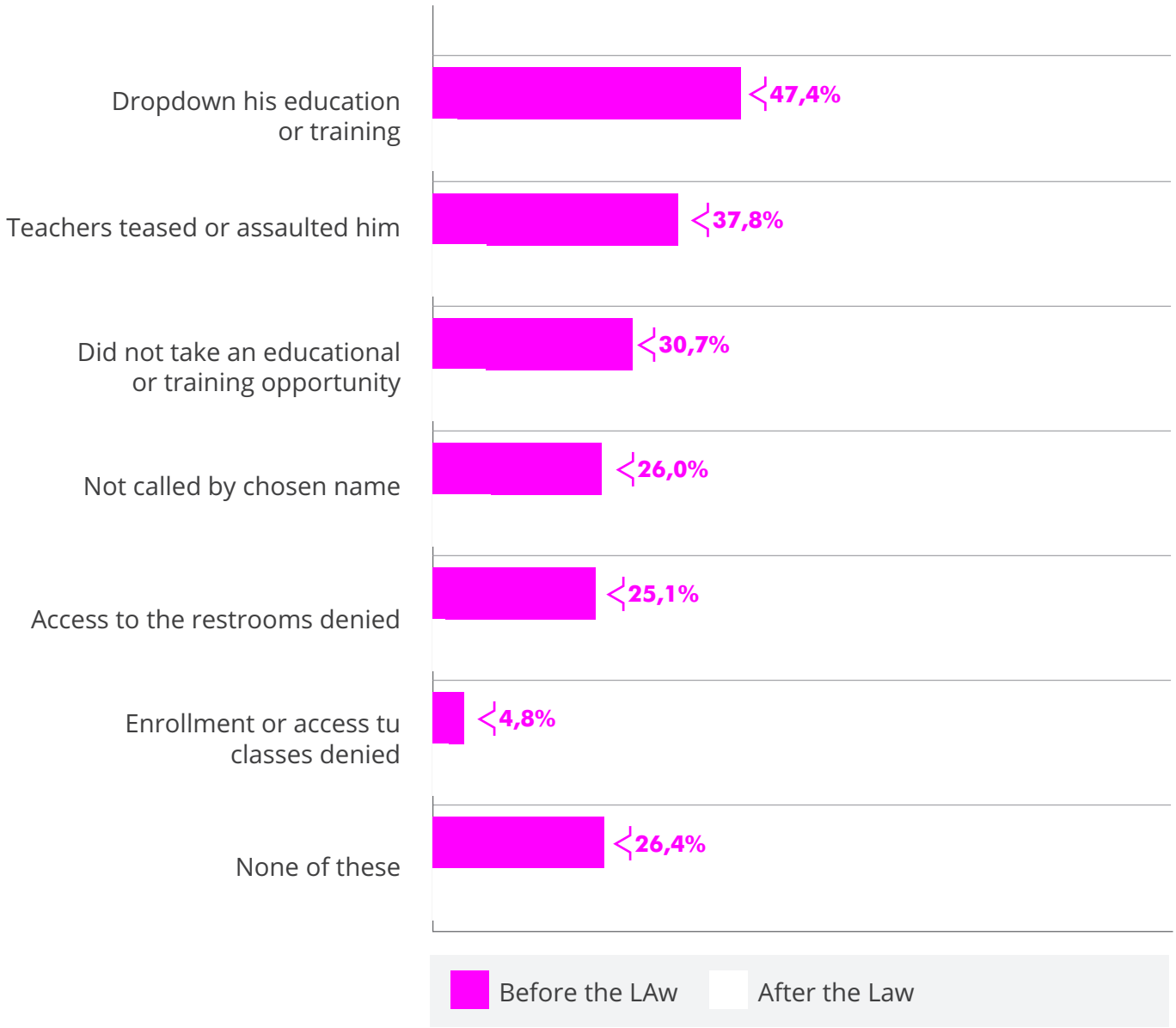

Figure 32. Experiences of S&D before and after the Law in education (n=46)

Only 3 of the 37 trans men who experienced situations of discrimination have presented a formal complaint, and in all cases they were presented against the authorities of the institution. In addition, 2 trans men raised a formal complain to INADI.

IMPLEMENTATION OF THE GENDER IDENTITY LAW IN EDUCATION

It is important to mention that since the adoption of the Gender Identity Law, 28.6% of participants rejoined the educational system; 3 out of 10 have changed their names in the academic records of their respective educational institutions; and 17.3% have changed their names in all academic certificates previously granted (see Figure 33).

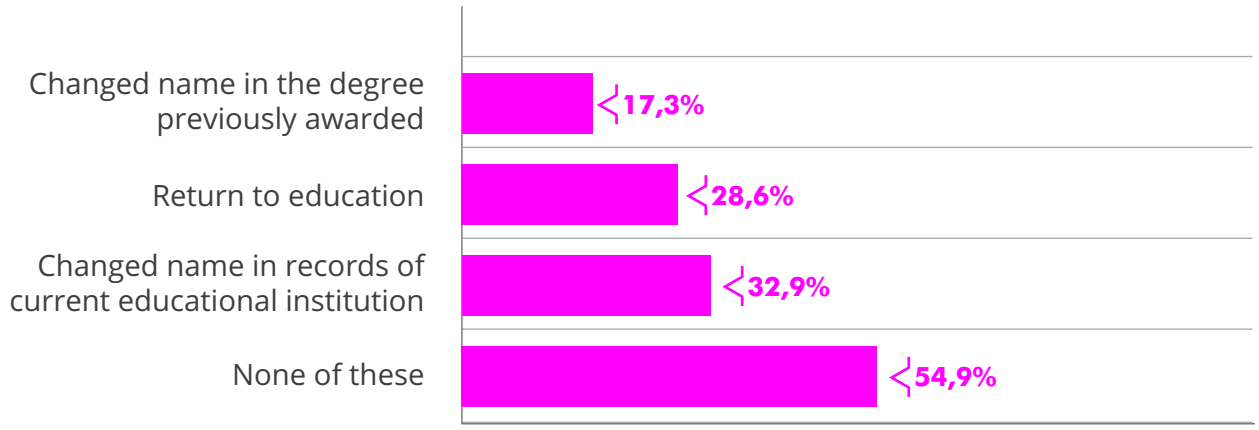

Figure 33. Steps to acquire rights in education that the law guarantees (n=46)

It should be noted that 5 out of 10 people have not sought any of these opportunities that the Law guarantees; however, 78.9% of trans men would be willing to do so in the future.

4.3.2.3 Employment

In relation to employment, 6 out of 10 trans men (61%) worked the previous week, including sex work. Of these, 60.6% men work more than 35 hours per week. Among the participants who have not worked the previous week (n = 17), 10 individuals have been looking for a job in the past 30 days. As shown in Figure 34, 4 out of 10 mentioned working independently and 37% for an employer. Only one trans man was doing sex work at the time of the study, and 2 other participants have done it previously. These results contrast with the employment situations of trans women, who have a greater level of precarious employment. However, only 1 out of 10 trans men reported having retirement benefits.

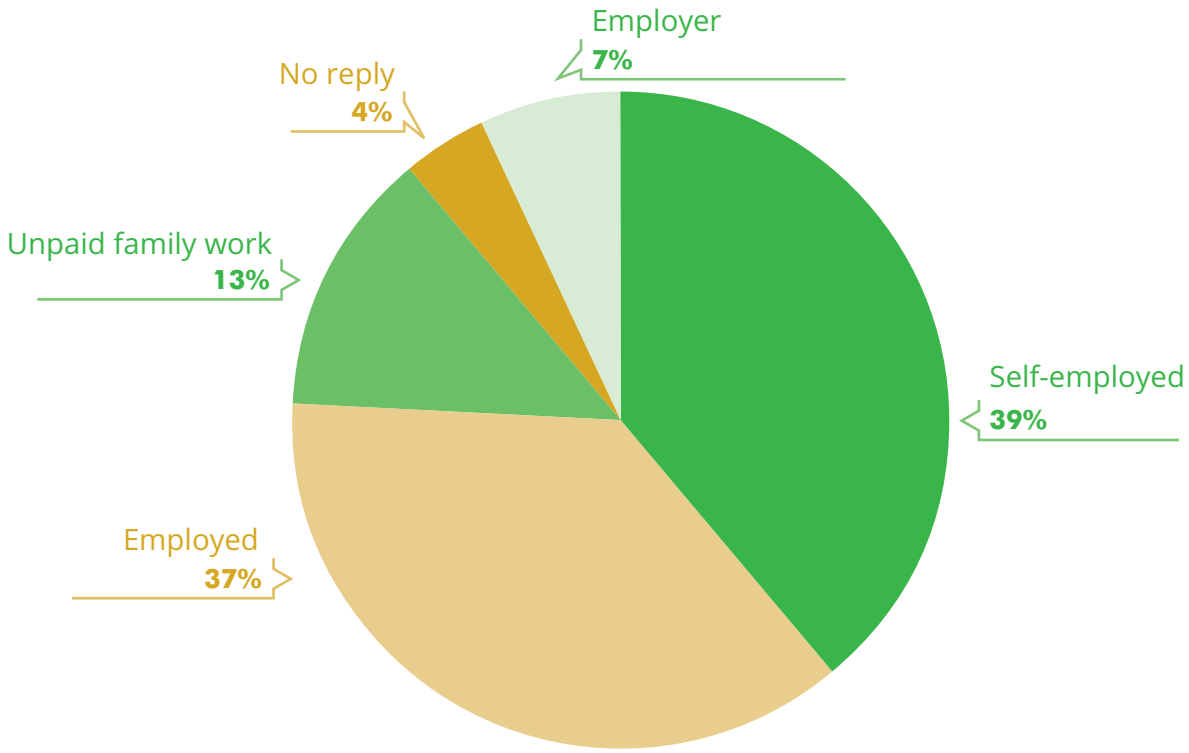

Figure 34. Employment situation (n=28)

Only 3 of the 46 respondents reported having a physical disability, and none possess an official disability certificate or pension.

STIGMA AND DISCRIMINATION ASSOCIATED WITH GENDER IDENTITY IN THE WORKPLACE

When asked about experiences of S&D in the workplace, the most frequent acts were perpetrated by bosses in 4 out of 10 situations, in 33% of the cases by coworkers, and to a lesser extent by clients (20.6%) or personnel from other departments (16.2%), as illustrated in Figure 35.

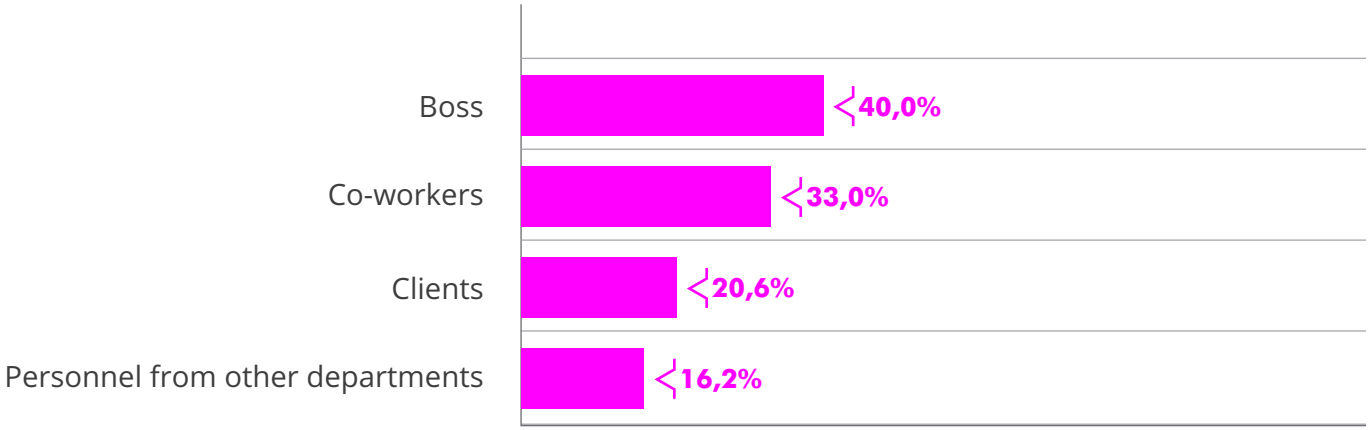

Figure 35. Origin of the experiences of S&D related to trans identity in the workplace (n=46)

Impact of the Law on the experiences of stigma and discrimination in employment

Regarding various specific S&D situations, as shown in Figure 36, experiences decreased considerably once the Gender Identity Law was enacted. While half of respondents (52.2%) were denied a job and 41% quit because of their gender identity, these situations reduced to 20.4% and 13.1%, respectively, in the past year. Similarly, one-third of the trans men surveyed (32.6%) mentioned a fear of applying for employment or job promotions prior to the law; in contrast, 9 out of 10 respondents no longer have this fear. As reported, 7 out of 10 respondents have not experienced any of the S&D situations described after the Law's enactment

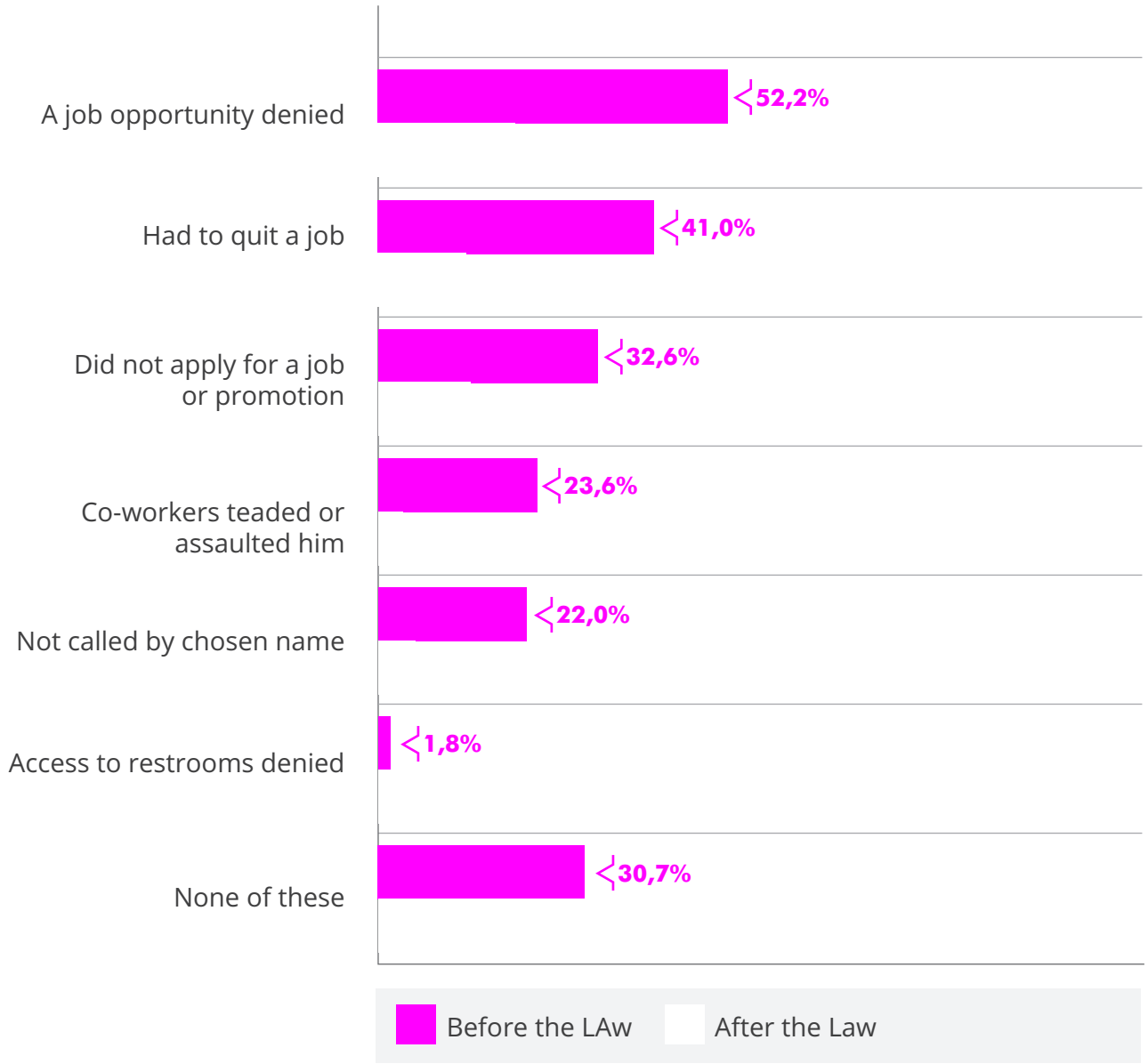

Figure 36. Experiences of S&D before and after the Law in the workplace (n=46)

Of the 35 trans men who experienced S&D situations, only 2 presented a formal complaint to the authorities of the institution and to INADI.

IMPLEMENTATION OF THE GENDER IDENTITY LAW IN THE EMPLOYMENT

As shown in Figure 37, 6 out of 10 trans men surveyed initiated or resumed seeking new job opportunities since the Law has passed. This percentage is much higher in trans men than in trans women. In addition, 2 out of 10 participants requested a name change in their credentials or paycheck, and 17.8% changed their name in social security or ART. In addition, 14 trans men interviewed did not seek any changes in their employment situation, but 11 would be willing to do so in the future.

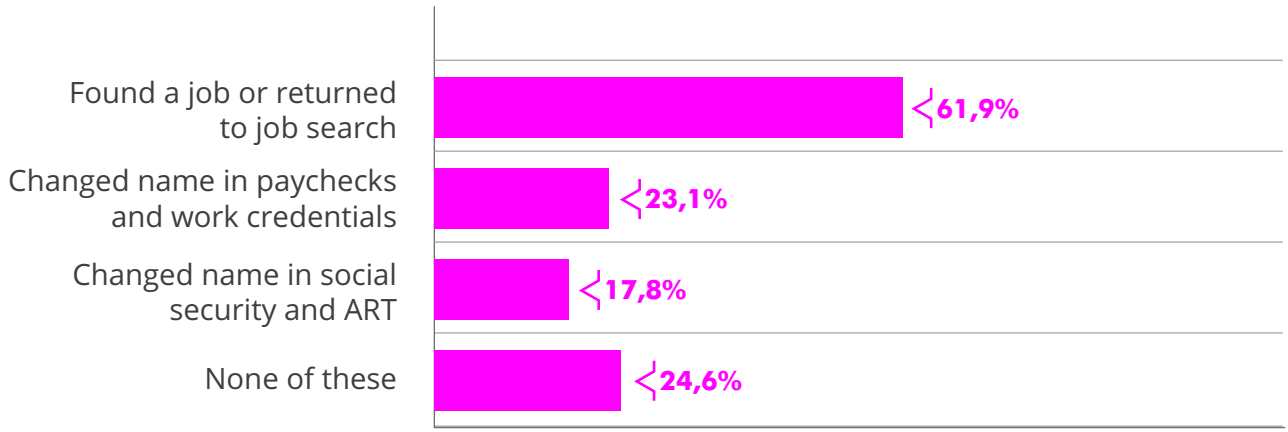

Figure 37. Steps to acquire rights in the workplace that the law guarantees (n = 46)

4.3.2.4 Housing

Housing data illustrates that only a minority of trans men live in inadequate housing. As shown in Figure 38, 6 out of 10 trans men live in a house (62.3%) and 23.9% in an apartment. Of the total sample, the vast majority (82.4%) have a bathroom with a functional toilet. Most participants own (45.1%) or rent (30.8%) a place of residence; additionally, 16.8% were free occupants and 2 of those interviewed were squatters or *okupas*.

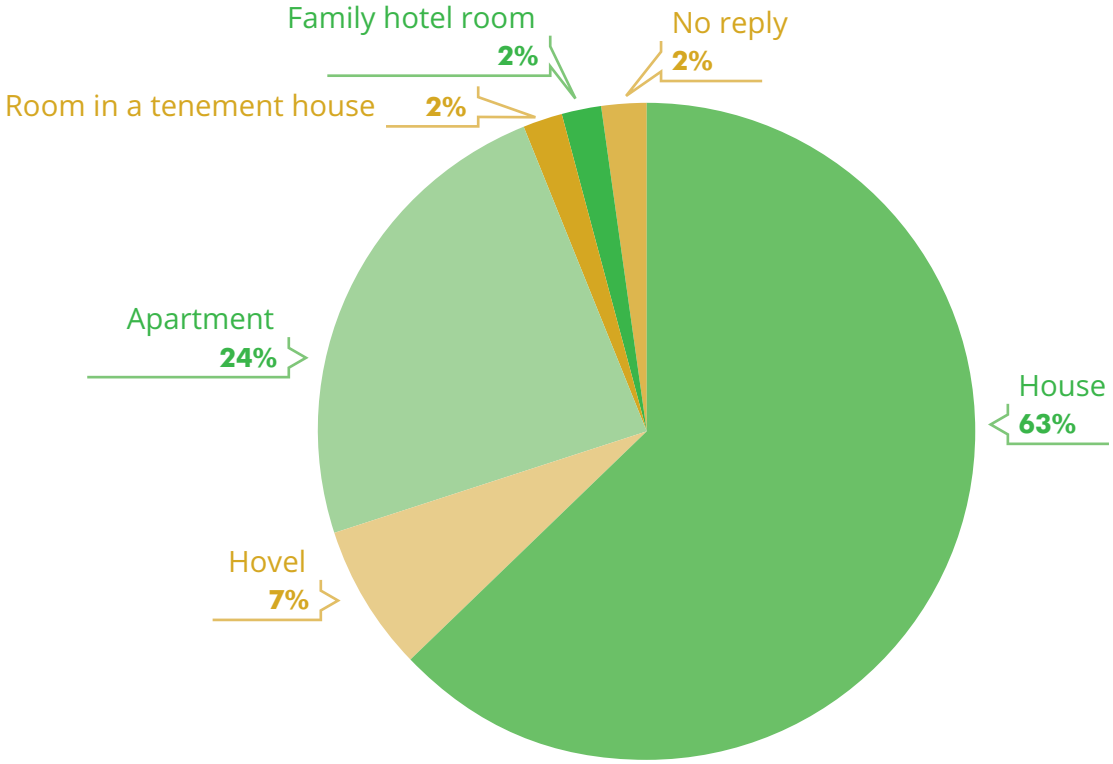

Figure 38. Type of housing (n=46)

In regard to children, one-third of households (33.7%) belonging to trans men include children between the ages of 6 and 12 years old. Of these 16 children, 3 were not attending school at the time of the survey although education is compulsory in Argentina. Almost one-quarter of respondents (23.8%) have biological or adopted children. However, this percentage increases to one-third when trans men were asked about the number of children in their care, regardless of possessing legal custody.

STIGMA AND DISCRIMINATION ASSOCIATED WITH GENDER IDENTITY IN HOUSING

Impact of the Law on the experiences of stigma and discrimination in housing

Although trans men report differences in S&D situations relating to housing before and after the Gender Identity Law, the differences are not as pronounced as in the case of trans women. It is worth noting that 7 out of 10 did not experience any situation of discrimination in the past year, and 8 out of 10 have not experienced situations of S&D in housing-related issues. As shown in Figure 39, of the 46 participants, 19.5% have been rejected by neighbors and a 12.8% have been refused to rent or purchase a house. None of those who experienced S&D has presented a formal complaint.

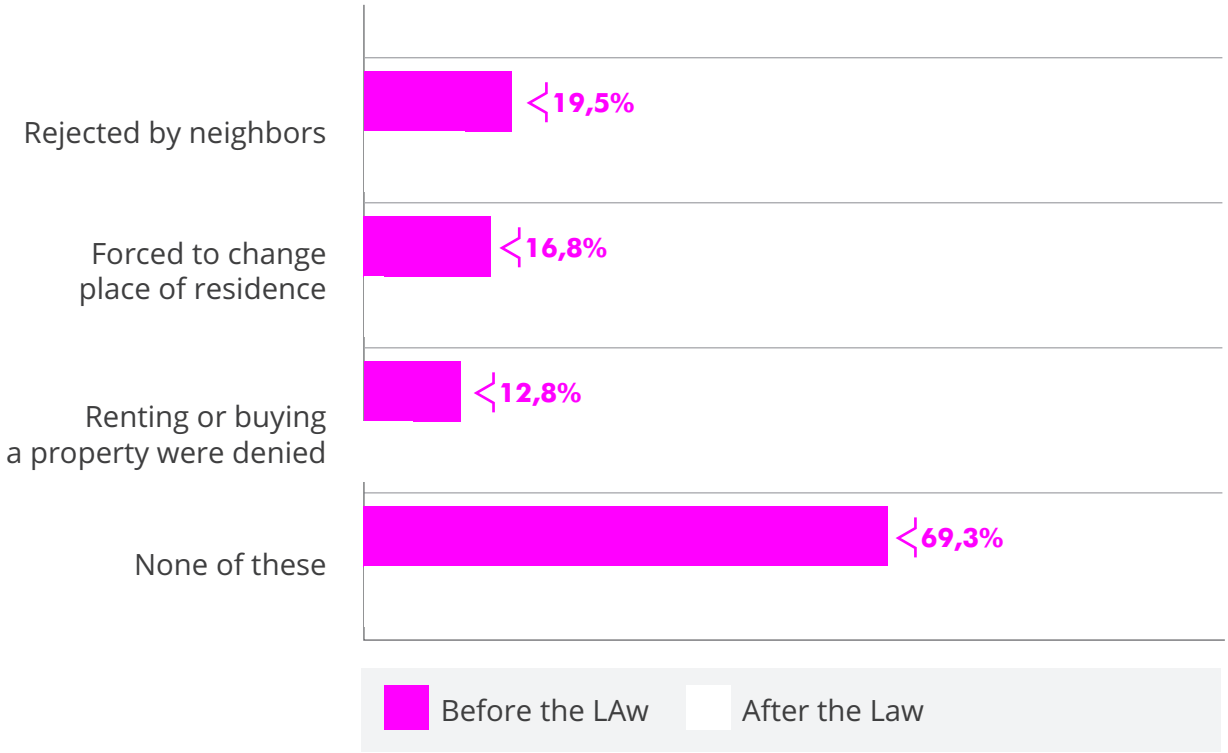

Figure 39. Experiences of S&D before and after the Law in hoursing (n=46)

IMPLEMENTATION OF THE GENDER IDENTITY LAW IN HOUSING

When asked about the guarantees of the Gender Identity Law in terms of housing, 71.7% of the interviewees did not seek improvements in their housing situation. Of the 46 trans men surveyed, 7 requested a lease with their chosen name, and 4 requested access to social housing. It is worth noting that 7 out of 10 who did not seek any changes would consider making them in the future.

4.3.2.5 Political and civil rights

IMPLEMENTATION OF THE GENDER IDENTITY LAW WITHIN THE FRAMEWORK OF POLITICAL AND CIVIL RIGHTS

Access to political and civil rights has differed before and after the adoption of the Gender Identity Law (see Figure 40). Prior to the law, only 2 people had changed their gender on their birth certificate or ID, and only one individual got married and adopted a child. However, these numbers have changed moderately since the Law's implementation: 6 out of 10 respondents altered their birth certificates, 2 people have gotten married, and one has adopted a child. It is important to mention that 4 out of 10 respondents have changed their names in the CUIL/CUIT.

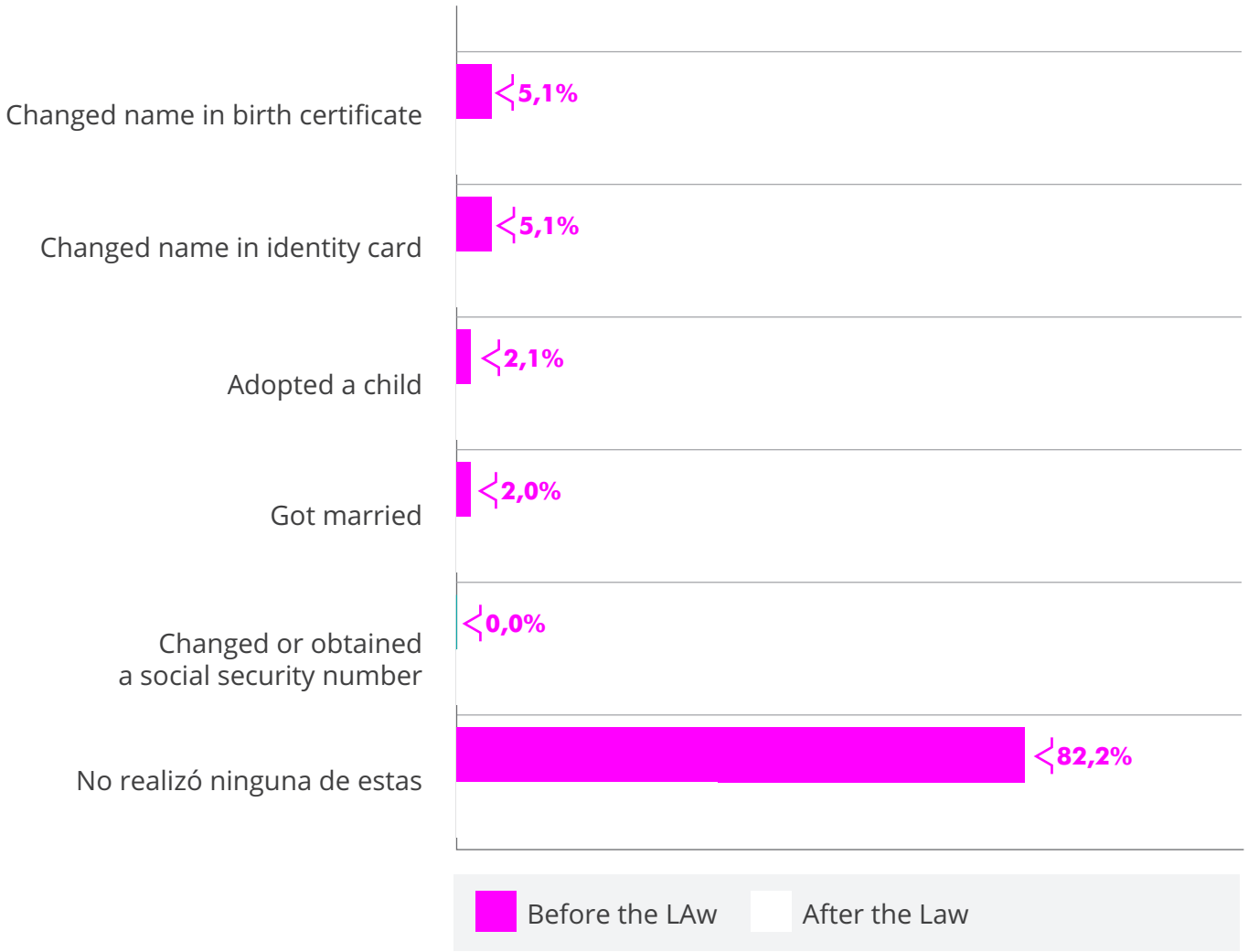

Figure 40. Steps taken to acquire civil and political rigths guaranteed by the law (n = 46)

Of the 17 individuals who did not take any of steps illustrated in the above figure, 78.4% would be willing to do so in the future.

STIGMA AND DISCRIMINATION IN PUBLIC OFFICES DURING THE PROCESS OF SEX RECTIFICATION

Regarding experiences of S&D due to trans identity in public offices and in different types of procedures and claims (n = 36), most of the respondents (83.4%) did not have any difficulties. In one case, the trans male was asked to present himself with a lawyer and a psychological evaluation, and another case requested extra documentation.

INSTITUTIONAL VIOLENCE / SECURITY FORCES

Of the surveyed trans men, 37.8% have been arrested by security forces at some point in their lives. Of these (n = 17), 41.1% was due to criminal background investigation; 16.4% for drug-related offences; and 11.6% for sex work.

Impact of the Law on the experiences of stigma and discrimination with security forces

As shown in Figure 41, of 46 total respondents, half have suffered some kind of psychological violence such as humiliation, threat, or insult by a police officer, and 22.4% suffered physical violence such as being beaten or kicked by a police officer. In addition, 40.9% had been searched by a female police officer. No cases reported sexual abuse. After the enactment of the Law, 6 out of 10 respondents no longer experienced the S&D situations detailed in the figure.

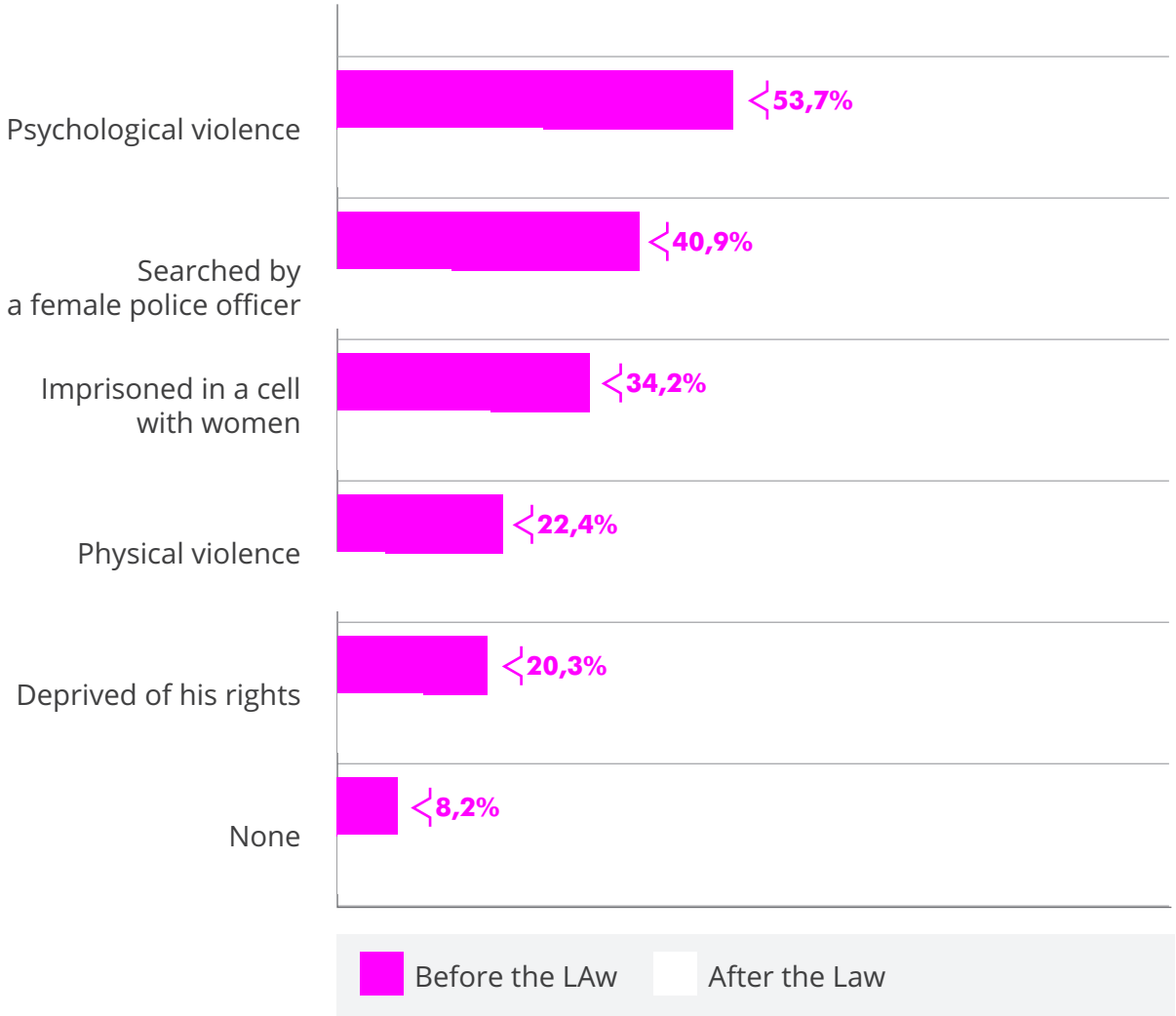

Figure 41. Institutional violence by security forces before and after the Law (n = 46)

All those who mentioned S&D situations, none has submitted a formal complaint.

4.3.2.6 Change management to faced stigma and discrimination

IMPACT OF THE LAW ON THE EXPERIENCES OF STIGMA AND DISCRIMINATION

In relation to the experiences of S&D in public, social, and family environments, of the 46 trans men interviewed, 8 out of 10 have suffered some sort of S&D prior to enactment of the Gender Identity Law. Regarding situations of social discrimination by strangers, participants most frequently report being the target of gossip (78.3%); about one-third claim that their family and friends experienced discrimination (36.7%); 3 out of 10 have been insulted or verbally threatened (27.9%); and 20.1% have been verbally harassed. These S&D situations occurring in public locations have declined slightly since May 2012, with the likelihood of gossip reducing significantly.

As shown in Figure 42, one-third of the participants have been excluded from meetings or social events such as weddings, funerals, parties (33.6%) and religious activities or places of worship (28.8%). Even 2 out of 10 have mentioned having been excluded from family activities such as cooking, eating together, or sleeping in the same room (20.9%). In relation to sexual partners, 3 out of 10 respondents have been sexually rejected because of their trans identity, and 15.9% have experienced situations of gender violence (psychological, physical, or verbal) by their partner. Similar to other social improvements, these S&D situations have decreased slightly after the Law's enactment; however, half of the sample still experiences the S&D situations mentioned above.

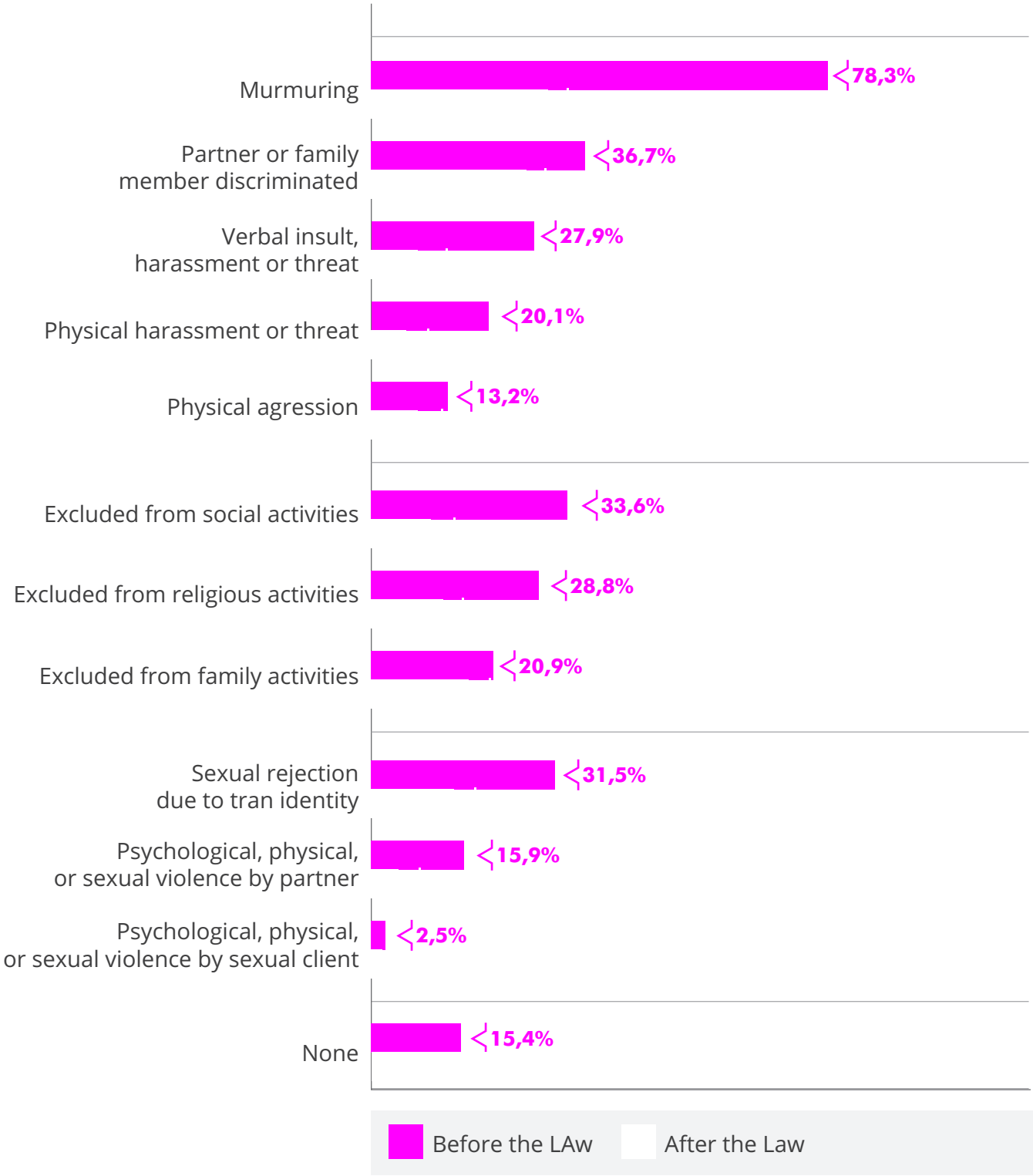

Figure 42. Experiences of S&D in public places, and social and family gatherings before and after the Law (n=452)

Internal stigma and self-exclusion behavior

When asked about the emotions associated with their trans identity, participants exhibited high levels of internalized stigma, More than half of respondents reported embarrassment (56.6%); suicidal ideations (53.7%), and low self-esteem (51.8%). Importantly, nearly 4 in 10 (39.4 % trans men have attempted at an average age of 13 (mode). The levels of internalized stigma are higher than those observed in the population of trans women. This observation may result from the invisibility of this group within the community of sexual diversity, their reduced empowerment as a whole, or the scarcity of resources such as peer and/or professional support. The elevated suicide risk for this particular group is a worrying situation.

As shown in Figure 43, the self-exclusion behaviors were common among trans men interviewed, and almost half refused to participate in social gatherings (48.8%) and were isolated from family and/or friends (43%) because of their trans identity. After the enactment of the Gender Identity Law, these behaviors have decreased moderately, and 6 in 10 people mentioned not avoiding any of the situations mentioned.

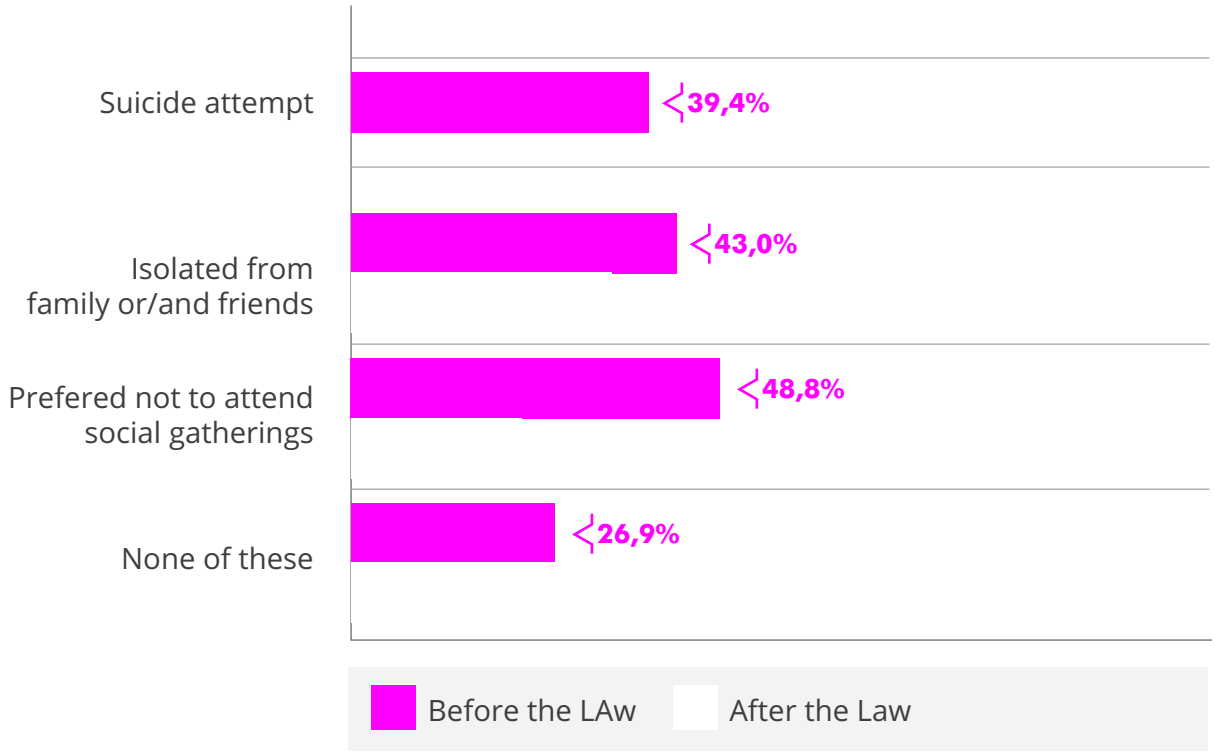

Figure 43. Self-exclusion behavior before and after the Law (n = 46)

This self-exclusion and similar behaviors have resulted from the fear of living in situations of E&D. Before the Gender Identity Law 6 out of 10 trans men feared: being the target of gossip (63.8%); rejected by another who does not want to engage in an intimate sexual relationship (61%); insulted or verbally threatened (61%), and even physically harassed or threatened (58.6%). While these fears have diminished somewhat after the enactment of the Law, as shown in Figure 44, 4 in 10 trans men fear being the focus of discrimination. The change in trans men is below that observed in trans women.

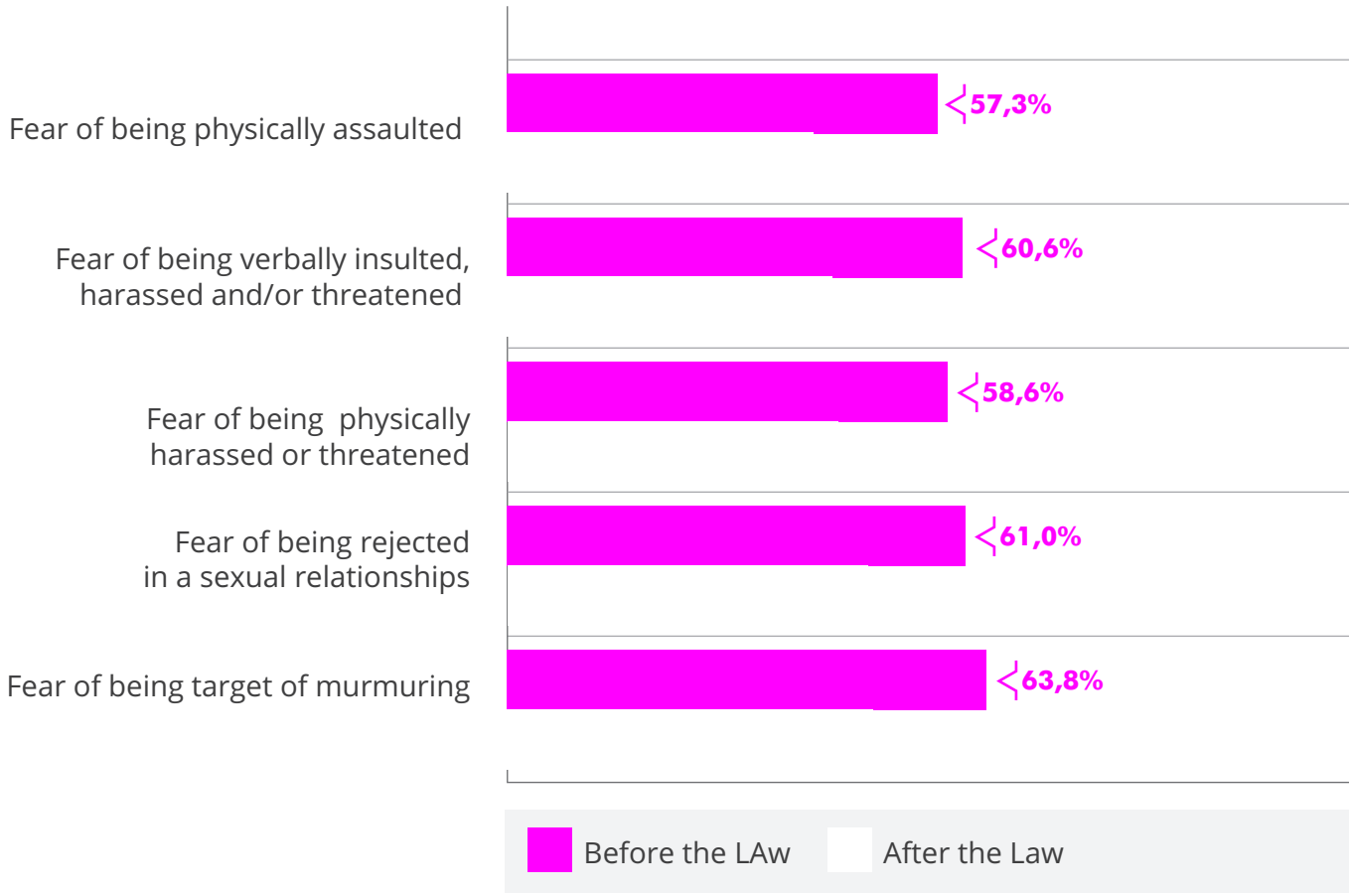

Figure 44. Fears out of discrimination before and after the Law (n = 46)

CHANGE MANAGEMENT TO FACE STIGMA AND DISCRIMINATION

The vast majority of trans men who participated in the study (87.4%) know a network or organization to contact if they suffer discrimination because of their gender identity. Only a quarter of the sample (25.9%) has requested the assistance of these networks or organizations to resolve an issue of discrimination. Notably, most participants recognized ATTTA (87%) and to a lesser extent INADI (65.3%) as places that can resolve a situation of discrimination. Of those 16 participants who described a particular case, 10 of these have been situations of E&D that occurred after May 2012.

Of the total of 46 respondents, 3 in 10 (30.2%) are members of a support group and/or network of trans people. As shown in Figure 45, when participants were asked which topic should inspire trans organizations trans men gave similar responses to trans women: emphasizing the defense and promotion of human rights (46%), increasing public awareness and knowledge about sexual diversity (40.2%), and providing emotional and physical assistance and referrals to other support organizations (29.1%). Unlike trans women, trans men did not prioritize educating about trans health, HIV, and STIs.

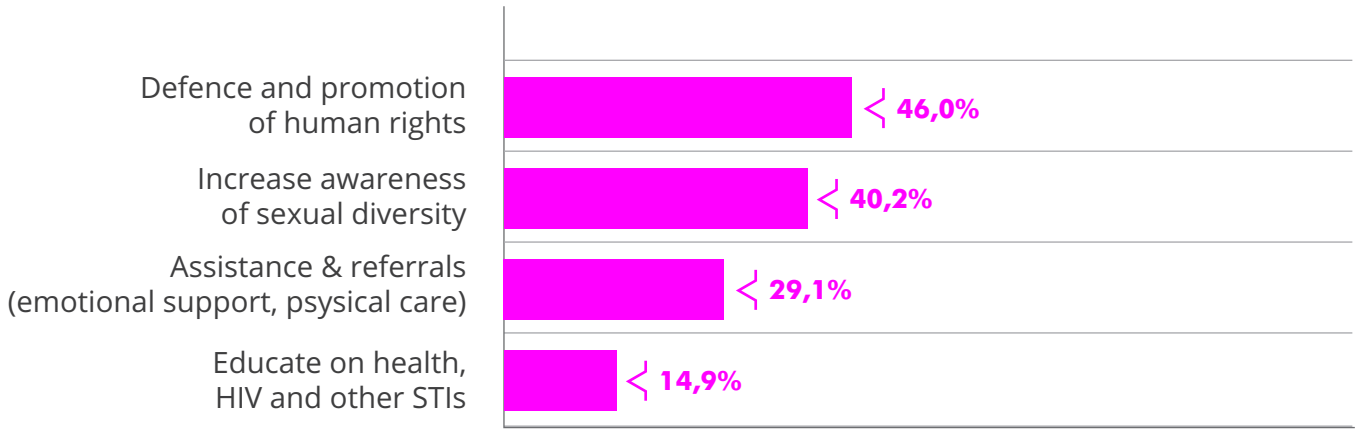

Figure 45. Trans NGO's objectives for the future (n=46)

4.3 CONCLUSION

In general, the results of present quantitative study are coherent with the perceptions of trans people that shared their testimonies in the focus groups. In concordance with other studies, it was observed that the trans community lives in a situation of vulnerability due to the continuous experiences of stigma and discrimination, especially before the Gender Identity Law was passed. The main finding of this study is that the Law is generating a positive impact in the quality of life and living conditions of trans people only one year of enactment.

The results provide evidence to support the hypothesis underlying this project: the application of the Gender Identity Law, by guaranteeing the human rights of trans individuals, reinforces the improvements in their quality of life. In that regard, it was noted that the Law primarily improved access to health, education, work and the exercise of political and civil rights. Jointly, its application diminished the situations of S&D in all the areas studied.

Healthcare

Particularly, in relation to healthcare it was found that 7 out of 10 trans people attend the public healthcare settings. Therefore, due to the growing demand for integral health and discrimination-free access to health facilities, the public system is the most inquired and demanded to accompany the process of improving healthcare access for trans population.

A relevant data regarding health is the high prevalence of HIV and other STIs, such as syphilis and hepatitis, among trans women. Unlike trans men, women also present a higher proportion of STI diagnoses and tests. Nevertheless, the HIV prevalence, according to self-report, is lower than the percentage reported in previous studies[12]: 25% in the present study in contrast with 34% of previous studies. Possibly, this is related to the efforts for HIV prevention and health promotion accomplished in the past few years by trans organizations at a national level, as the case of ATTTA, and to the "friendly" services and the prevention campaigns directed at trans populations.

Similarly, as a result of these strategies, trans individuals exhibited a high level of HIV knowledge of transmission routes and prevention methods, except the mother to child transmission. This lack of awareness is likely due to the belief that this is not a risk route for this specific population. In addition, trans women

12 Dirección de SIDA y ETS (2013). Boletín sobre el VIH-sida en la Argentina: Año XVI. Número 30. Buenos Aires: Ministerio de Salud de la Nación.

Dos Ramos Farias, M.S., Garcia, M.N., Reynaga, E., Romero, M., Vaulet, M.L., Fermepin, M.R., ... Squiquera, L. (2011). First report on sexually transmitted infections among trans (male to female transvestites, transsexuals, or transgender) and male sex workers in Argentina: High HIV, HPV, HBV, and syphilis prevalence. International Journal of Infectious Diseases, 15(9), 635-640.

exhibited inconsistent condom use, but this varies with the stability of couples. Thus, 7 out of 10 trans women use condoms during sex in exchange of money, goods or protection, possibly as a consequence of the HIV prevention campaigns and workshops focused on sex work.

Related to access and adherence to HIV treatment, no current data from other studies allows for the analysis of any increase or improvement in the engagement with the HIV-care cascade. However, it is encouraging that 9 out of 10 people living with HIV have consulted an infectious medicine specialist in the last year, with 7 out of 10 always taking their medication properly, and half of the 7 individuals reported an undetectable viral load.

On the other hand, trans people showed a wide acceptance of rapid tests for HIV diagnosis, and 6 out of 10 trans people would be more willing take a rapid test than a standard test in the future. However, there are differences among trans men and women regarding to acceptance and use of new HIV prevention technologies (microbicides, PrEP, TasP), with a higher acceptance among women. Therefore, the potential efficacy to prevent new infections is important in choosing method, and if the method is not highly effective, most trans women would preferred to use a condom concurrently. It should be noted that the most acceptable method is TasP, and almost every survey respondents would be willing to initiate antiretroviral treatment as soon as possible if diagnosed with HIV, as a way to prevent transmission.

Regarding the S&D experiences in health area, it was found that discrimination by health professionals, either because of an individual's trans identity or HIV status, is shockingly common considering the professional ethics, National AIDS Law, anti discrimination laws, and previous local regulations regarding healthcare for trans patients (as Resolution Nº. 2272/2007 in the city of Buenos Aires). In general, a positive change was observed after the Law's enactment, diminishing the proportion of trans people that experience discrimination because of their trans identity (after the Law, this prevalence has diminished to 3 out of 10 people rather than 8 out of 10 people)

In relation with this data, trans people increasingly engaging in the health system in order to adequate their bodies to their gender identity, a right guaranteed by the Law. Previously, more than half of the women and one-third of the trans men have received hormone treatment, mostly without medical supervision. Since the Law's enactment, it is encouraging that at least one-third of the population, especially trans men, has consulted in healthcare professionals for hormonal treatment.

Education

Although almost every trans individual currently attends or has attended a formal educational institution, the dropout rate is high. Among those older than 18 years, 6 out of 10 women and 7 out of 10 trans men have dropped out of high school.

The discrimination suffered in educational settings seems to be the cause of this withdrawal, as half of the respondents mention dropping out because of the discrimination against their trans identity. Peers discrimination, or bulling, is suffered by 7 out of 10 students and, in contrast to the expectations for teaching professionals, 4 out of 10 trans people refer having been discriminated by principals or teachers. In addition, it is important to note that these situations of discrimination cause great vulnerability for this population during adolescence, potentially triggering mental health problems, especially suicidal intentions.

It should be noted that, after the Law's enactment, there has been a clear trend in reducing experiences of discrimination (from half to less than 20%). In addition, trans individuals have been increasingly involved into the formal education (1 out of 10 women and 3 out of 10 trans men have re-entered the educational system). Consequently, this academic inclusion leads to greater social inclusion as a whole.

Employment

Sex work is still the most common job opportunity for trans women, although it is uncommon trans men. Nevertheless, job insecurity is noted by both groups as the proportion of formal workers is low and, as a consequence, only 1 out of 10 trans men and women have retirement funds.

The enactment of the Gender Identity Law has allowed trans people to enter the labor market, and 3 out of 10 women and 6 out of 10 men sought better employment. Along the same lines, discrimination has diminished considerably from 7 out of 10 to only 3 out of 10 cases reported.

Housing and family

Regarding the economic income level of this population, it is noticed that in general 1 out of 3 trans people live in poverty, with more concentrating in the Northwestern part of. Nevertheless, the income level varies widely in different regions of the country, and in Northeastern region and Cuyo, respondents rarely report situations of poverty.

Regarding family life, the qualitative study found that trans women continue suffering high levels of internalized stigma, which prevents them from maintaining a romantic relationship and/or raising a family. In relation to children, fieldwork studies observed that trans individuals are reluctant to talk about their biological or adoptive children or children in their care. In spite of that, 5% of trans women and one-fourth of the trans men mentioned caring for children. This result reflects the necessity of understanding family dynamics in trans populations.

Institutional Violence/Security Forces

The high frequency of institutional violence that trans women have experienced by security forces before the Gender Identity law was passed is worrysome: 6 out of 10 trans women suffered verbal abuse, 5 out of 10 trans women suffered physical abuse, and 4 out of 10 trans women have suffered sexual abuse. It should be noted that 4 out of 10 trans men have been arrested by security forces sometime in their lives, and this proportion is higher in trans women (7 out of 10), with sex work as the principal cause of arrest.

It is in this particular area, S&D situations have diminished drastically after the Law's enactment. Even though this result is encouraging, 1 out of 10 trans women still suffers violence from security forces.

General Stigma and Discrimination

The types of discrimination previously mentioned have negative consequences on the internalized stigma and self-exclusion behaviors characteristic for some trans individuals. When questioned about their feelings regarding their trans identity, participants demonstrated high levels of internalized stigma and self-exclusion, with these behaviors higher in trans men than in trans women. This finding potential results from the lack of empowerment of trans men, who are more invisible than other sexual diversity groups and has access to fewer resources of peer and/or professional support.

The risk of suicide in this group is a worrying situation. It was found that 5 out of 10 trans men had suicidal ideations, and 4 out of 10 have attempted suicide. The modal age of the first attempt is lower in trans men (13 years old) than in trans women (16 years old), which is possibly influenced by the age of onset of hormonal changes and secondary sexual characters during puberty.

Even today, a year after the Law's implementation, 6 out of 10 people experienced social discrimination, highlighting the continued need for social changes and awareness in the general population. As mentioned by the focus groups, the Law's approval is the first step towards, but it does not resolve, all situations of stigma and discrimination suffered by this population.

Regarding changing one's gender identity in official documents, it was noticed that the exercise of this fundamental right reflects a greater access to other rights guaranteed in the law. Since the law promulgation, more than half of the trans population sought an identity change in their official identification card. Among the women who made this change, the positive consequences include better access to healthcare, to identity construction interventions, to HIV testing, to educational, work and housing processes. The change has also decreased institutional violence by security forces and the frequency of self-exclusion behaviors. In every

area studied, the Gender Identity Law has provided a unified legal framework, has had a positive impact in diminishing experiences of stigma and discrimination, and has empowered the trans population. Although the resulting sample was ambitious in terms of representation, and trans men have been included, it is not a pretention of this study to maintain that this national survey results will be generalized to the whole trans population in Argentina. Rather, future research must continue to analyze and expand the goals of this study.

As a result of the Gender Identity Law, this study mainly indicates the positive change regarding quality of life and a decrease of situations of stigma and discrimination in trans populations.

5. RECOMENDATIONS

- To educate trans people about the rights guaranteed by the Gender Identity Law in order to empower this community to exercise their rights and to formally present a claim if rights are violated.

- To promote articulated work among civil society organizations and the State in the implementation and monitoring of the Gender Identity Law, giving special attention to those provinces with increased legal obstacles.

- To promote the recognition of gender identity and the access to rights, training all public services in gender and human rights, especially those public offices involved in health, education, work, housing, justice, and security.

- To urge the State to accompany trans people during their identity construction throughout childhood and adolescence, guaranteeing their rights as citizens.

- To urge the State to consider the unique features of trans population in every program that is designed, in order to promote and guarantee the exercise of citizenship, including trans youth in the policies and practices of protection during childhood and adolescence – especially in programs designed for victims of family violence - and including trans women in the policies and practices to eradicate violence against women.

- To include in the HIV and other STI prevention programs, emphasizing the social and structural impact of these factors on the vulnerability of trans people.

- To uphold and reinforce campaigns focused on trans communities, promoting peer education and the implementation of services with personnel trained to give appropriate attention to trans people, including full participation of the trans community in their implementation.

- To consider the use of new technologies in HIV prevention, as pre exposure prophylaxis (PREP), microbicides, and particularly treatment as prevention (TasP) in trans women with high vulnerability to HIV and other STIs.

- To strengthen the HIV-care cascade, emphasizing early diagnosis, adherence to HAART, and continued participation in the healthcare system, articulating the work of the State and the civil society organizations, including personnel trained in sexual diversity matters as well as employing trans individuals.

- To explore through qualitative and quantitative studies the methods to avoid STIs and risk factors of trans men, including the best approach for this population to receive early diagnosis and treatment of HIV and other STIs.

- To facilitate the access to integral healthcare for the trans community and the mechanisms to build their gender identity, including the transformation of their bodies with professional support.

- To train, at a national level, professionals –as endocrinologists and urologists- about interventions for the identity construction as well as hormonal treatments and sex reassignment surgery.

- To train health insurance companies about the Gender Identity Law, its implications and significance related to the building one's gender identity.

◎ To include sensitivity training for professionals, mainly in areas of mental health and education, to prevent situations of discrimination at school.

◎ To advocate for the re–entry and continuity of the education system through policies that guarantee respect for one's identity and gender expressions.

◎ To create job opportunities or business ventures adapted to the special characteristics and abilities of the trans community, establishing training programs in line with those proposals.

◎ To promote and advocate for the approval of the Self-Employed Sexual Work Law facilitating the inclusion of sex workers in the labor system, guaranteeing their rights as workers and protecting them from acts of abuse and discrimination.

◎ To promote the consolidation of support networks as peer organizations and groups, improving their empowerment and social inclusion and offering spaces where workshops for personal and occupational development can be held.

◎ To make public and institutional campaigns to fight social discrimination against trans people, inviting the full participation of the trans community in the design and planning.

◎ As the survey respondents suggested, it is especially important to focus on the promotion and defense of social and civil rights, as well as to increase consciousness and public knowledge about sexual diversity.

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